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THIRD

REPORT.

Metropolitan Hospitals, &c.

Ordered, by The House of Commons, *to be Printed.*
21 *June* 1892.

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THIRD REPORT

FROM THE

SELECT COMMITTEE OF THE HOUSE OF LORDS

ON

METROPOLITAN HOSPITALS, &c.

TOGETHER WITH THE

PROCEEDINGS OF THE COMMITTEE,

MINUTES OF EVIDENCE,

AND APPENDIX.

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THIRD REPORT.

BY THE SELECT COMMITTEE appointed to consider the Evidence taken during the Sessions of 1890 and 1891, with regard to all HOSPITALS and PROVIDENT and other PUBLIC DISPENSARIES AND CHARITABLE INSTITUTIONS within the METROPOLITAN AREA, &c., and to Report thereon to the House.

ORDERED TO REPORT,

THAT the Committee have met, and considered the subject referred to them, and have agreed to the following Report:—

The Committee have taken the evidence of the following classes of witnesses: General practitioners, attending all classes; special practitioners; medical men on the consulting staff of various general and special hospitals; resident medical officers in hospitals; deans of medical schools, secretaries, and those engaged in the administration of general and special hospitals and dispensaries of various kinds; medical men attending dispensaries; the principal advocates of the provident system of medical relief; secretaries of provident medical institutions, and their medical officers; the superintendents of Poor Law infirmaries; medical officers of Poor Law dispensaries; medical officers in charge of sick wards attached to workhouses; the principal clerk of the Metropolitan Asylums Board, the superintendent of infectious hospitals under that Board; the medical inspector for the Metropolitan district for Poor Law purposes; Mrs. Garrett Anderson (Dean of the School of Medicine for Women); the principal officers of the Hospital Saturday and Sunday Funds; the secretaries of the Charity Organisation Society; the Chief Charity Commissioner; and others who are regarded as authorities on the subject.

The Committee consider that they have in the evidence already presented examples of every institution in London, whether supported by charity or poor law, for the relief of the sick poor. It has obviously been impossible to inquire into every institution; therefore, by desire of the Committee, series of questions were sent to every institution in London. From a few, however, replies were not forthcoming, or were sent too late for insertion. Copies of the questions marked A., B., C., D., will be found in the Appendix to the Proceedings, and also the replies in a tabulated form.

1. The institutions existing in London for the care and treatment of the Sick Poor are, (*a*) those supported by charity, and (*b*) those provided under the Poor Law, and may be classed as follows:—

1. General Hospitals.
2. Special Hospitals.
3. Dispensaries (Provident, part pay, Charitable, and Poor Law).
4. Poor Law Infirmaries.
5. Hospitals under the management of the Metropolitan Asylums Board (for Infectious Cases).

2. The organisations for the nursing of the patients in these institutions, and for the training of Medical Students, form important branches of the Inquiry.

GENERAL HOSPITALS.

3. The General Hospitals of London are:—

1. St. Bartholomew's.
2. St. Thomas's.
3. Guy's.

These three are known as the Endowed Hospitals.

4. The London.
5. The Middlesex.
6. The Charing Cross.
7. The Westminster.
8. St. George's.
9. University College.
10. King's College.
11. St. Mary's.

These 11 Hospitals are those which have Medical Schools attached to them.

12. The Royal Free.
13. The Miller Memorial (Greenwich).
14. The Great Northern Central.
15. The Metropolitan.
16. The West London (Hammersmith).
17. The Tottenham.
18. The North West London.
19. The London Temperance.

4. *Endowed Hospitals.*—Although the so-called endowed hospitals derive a portion of their revenue from voluntary contributions, while some of the others are more or less substantially endowed, the proportions in which their incomes are derived from these respective sources differ to so considerable an extent as to make a very broadly marked distinction between the two classes. St. Bartholomew's, for example, has 7 per cent. from voluntary subscriptions; Guy's and St. Thomas's, 25 per cent.; St. George's (the most largely endowed of the voluntary hospitals) 71 per cent. Hospital endowments, so far as they are of a permanent character, come under the Charitable Trusts Acts, and are within the jurisdiction of the Charity Commissioners, without whose consent they cannot be alienated, and to whom their accounts have to be annually rendered. The bulk of the revenue-bearing property of the hospitals (other than the three "endowed" hospitals) is derived from accumulations of legacies and gifts which have not been required to meet the current expenditure; it is not in the nature of permanent endowment, but can at any time be withdrawn and applied as income; while the remainder, which is strictly tied up, and is therefore technically subject to the control of the Charity Commissioners, contributes so small a share to the hospital revenues, that the affairs of these hospitals are not practically brought under the view of the Commissioners. They are free to make up their accounts, and to have them audited and published in their own way, without any external control. The endowed hospitals, on the other hand, though

Longley, 3162-71, 3191-6, 3223-9.

Longley, 3247-8

though not called upon to publish their accounts, have to send them in annually to the Charity Commissioners, who thus have a certain general supervision over the affairs of these institutions. It appears, however, that they have little power of direct intervention; they can compel the production of documents and the giving of information; but they cannot control the audit, nor can they take direct steps for enforcing their views, except by certifying a case to the Attorney General, a course only appropriate in cases of serious abuse. Only when the hospital wishes to deal with its estates, or to alter the conditions on which it administers its charity, can the Commissioners effectively intervene. Under these circumstances they do not find it practicable to keep a general and thorough check on the accounts which are annually forwarded to them, or to make themselves responsible for the mode in which the revenue is spent; nor do they attempt a complete examination of the accounts. The accounts of the other hospitals do not come under the notice of the Commissioners at all. It was the opinion of the Chief Charity Commissioner that the existing powers of the Commissioners with regard to the accounts ought to be increased, so as to give them a direct right of intervention and control over expenditure; and he agreed with the Charity Organisation Society, that there should be some supervision over the accounts of charities supported by voluntary contributions, and thought that the governing body under the City of London Parochial Charities Act might be charged with this function. 3241-3. 3190-4, 3250-1.

5. *Organisation of Individual Hospitals.*—The following statement shows the general organisation and financial position of most of the leading general hospitals, as appearing from the evidence:—

St. Bartholomew's.

6. This, the wealthiest and most ancient of the metropolitan hospitals (having been founded in 1122), is situated in West Smithfield, and has a governing body of 273 governors, self-elected; the Lord Mayor, Aldermen, and 12 members of the Common Council of the City of London, being also *ex officio* governors. At the quarterly court 13 governors make a quorum, and the number actually attending varies from about 30 to 150. They appoint the treasurer, the four almoners, and 21 other governors who, with the president, treasurer, almoners, and all past almoners, constitute the house committee. The president, the treasurer, and the almoners have certain powers to nominate governors. The hospital property cannot be dealt with except by the court on a recommendation of the house committee, and the court makes appointments to all the senior offices. Waterlow, 2473-2603, 2716-26. Cross, 10263-579, 10761-816.

7. The house committee meets once a month, or oftener if necessary, and the average attendance is about 15; this committee deals with lettings of property, and all the more important matters of expenditure, and makes contracts for provisions; everything of any importance that is done by the almoners is referred to it, and it in turn makes recommendations on important questions to the court which hears the minutes, and reviews the proceedings of the committee every quarter.

8. The almoners are chosen from among governors who have been on the house committee; one of them goes out of office in every year, and three of the four must never have served the office previously. The treasurer and almoners form the committee of almoners, which meets once a week (all the members being usually present), receives reports from the steward and matron, examines and initials the steward's books, and supervises all matters of detail. This committee, and in its absence the treasurer acting alone, is the executive authority of the hospital, having all necessary powers of management (inclusive of a power to suspend any officer from duty), but being subject in all things to the superior authority of the house committee and the court. In case of need, the treasurer can at any time summon a court or a meeting of the committee; and if the treasurer is absent any two almoners can take his place. Waterlow, 2680.

9. The treasurer and almoners are unpaid; there is a residence for the treasurer, but it has not been occupied by him for some years, and some of the

night nurses are now lodged in it. The official in receipt of the highest salary is the clerk, who resides in the hospital, and is primarily responsible to the treasurer, whose immediate assistant he is; his salary is 1,000 *l.* a year. He attends all meetings of the governors, and all committees, and makes the minutes, countersigns the cheques, and issues the orders for all supplies, except daily provisions, which are ordered by the steward, in accordance with the requisitions drawn up by the sisters of the several wards. It is his duty to communicate to the treasurer every matter requiring attention, and he appears to have a general responsibility, in the treasurer's absence, for the good order of the establishment; no power is specially delegated to him of taking summary action in any case of serious and sudden emergency, but he would not hesitate to take such action, and was sure that the governors would approve of his so doing.

Cross, 10297.

10. The steward is responsible for the proper reception of patients into the wards, and keeps a record of the cases; he has continually to visit the wards, and is the channel of communication between the patients and their friends; he is responsible for taking in the stores and provisions, and for the proper supply of food to the patients; he has charge of the petty cash.

11. The medical council consists of all the medical staff except the house physicians and surgeons; it meets quarterly, and at any other times when summoned by the treasurer to consider medical questions. There is no resident medical superintendent, and in-patients are admitted by the physicians and surgeons on duty. There are two chaplains, of whom one is resident in the hospital.

12. The nursing staff, which comprises 28 sisters, three night superintendents, and 166 nurses and probationers, in all 197, besides 27 ward assistants, is under the charge of a matron, an assistant matron, and a superintendent and assistant superintendent of the Nurses' Home. There is also a Trained Nurses Institution for private nursing. The sisters and nurses are appointed by the treasurer on the recommendation of the matron, and subject to the approval of the almoners.

2586, 2725–6, 10325–41, 10348–50, 10489–92, 10502–4.

13. The net revenue of the hospital for 1889 was 70,529 *l.*,* derived mainly from houses in London, and from about 13,000 acres of land in Essex and the Midland and Southern Counties. There has been a falling off in the revenue from the country and suburban estates, but that has been more than counterbalanced by the increase in the value of the house property in London. The hospital does not appeal for funds to the public, and does not derive much revenue from private contributions or legacies.

14. The estates are managed (subject to the control of the house committee and the governors) by the treasurer and almoners, assisted (as regards the country estates) by a land surveyor, who receives 3 per cent on the rent received, and his travelling expenses; his charges for the past year were 243 *l.*

15. There was a surplus of income over expenditure in 1889 amounting to over 7,000 *l.*, and this sum, in pursuance of a resolution passed a few years ago by the house committee, was carried to a special reserve fund, now amounting to 23,000 *l.*, which is being accumulated with a view to extending the site of the hospital, and re-building the nurses' home and the college.

10310, 10342–8, 10560–1.

16. All the accounts, both for the estates and for the hospital expenditure, are checked in the clerk's office, and the books are laid before the almoners, and initialled by them, before payments are made. The year's accounts are printed and sent to every governor and to the Charity Commissioners.

17. The hospital occupies between four and five acres of land, comprising the parish of St. Bartholomew-the-Less. It hopes to acquire about an acre and a half in addition from Christ's Hospital, to improve the accommodation for nurses, students, and the resident medical staff. There is accommodation for 667 patients (exclusive of those in the Convalescent Home at Swanley), 189 beds being for medical, 366 for surgical, and the remainder for special cases. The average

* In 1870 it was 51,126 *l.*

average number of occupied beds is 570. Letters of recommendation may be given by the Lord Mayor or by the governors, but the great majority of patients are admitted without letter. At this hospital a person on first presenting himself for treatment, passes through what is called the casualty department, and if his case is serious, becomes either an in or an out-patient; the more trivial cases are called "casualty patients." The out-patients treated in 1889 numbered 19,000, and casualty patients over 137,000, and the confinements were 1,729. The existing structure, which was erected for the most part about the middle of the last century, is under the supervision of a surveyor, and under him of a resident clerk of the works. The surveyor receives a fixed salary and a commission of $2\frac{1}{2}$ per cent. on new buildings; and, in addition to his duties at the hospital itself, he has to survey a large number of houses belonging to it. He comes weekly, or oftener, to the hospital, and attends to any matters brought to his notice by the clerk of the works; and he makes a yearly report on the general state of the buildings and property to the house committee, whose meeting in February he attends for the purpose of giving any explanations required of him.

Bruce Clark, 1953. Waterlow, 2437–42, 2455. 2464–72.

18. It has not been the practice to make any special periodical examination of the drains and their connections, and, until quite recently, there does not appear to have been any plan showing the existing system of drainage. A recent outbreak of diphtheria among the nurses has, however, led to investigations which show the sanitary arrangements to have been very defective. In consequence of 23 nurses and three ward maids having been attacked by this disease,* the surveyor was ordered in December, 1890, to report specially upon the sanitation of the hospital, and Dr. Thorne, of the Local Government Board, also undertook, at the request of the treasurer, to make an unofficial inquiry. The surveyor's reports, dated respectively the 11th December 1890 and the 2nd February 1891, contained a number of recommendations dealing with imperfections in water-closets, sinks, and drains, and their traps, connections, and ventilation. As regards the main drains of the hospital, the surveyor, having examined them, recommended either that they should be trapped and properly ventilated, or (in case the authorities wished to have a system of drainage quite in accordance with modern sanitary views) that they should be removed and replaced by an entirely new system. When questioned upon this matter he expressed the opinion that the existing brick drains could be made substantially effective, but that, apart from expense, it would be better to remove them.

Thorne, 13202–314. Appendix A. Cross, 13316–458. l'Anson, 13459–711. Burdett, 25893–4.

l'Anson, 13502. 13525.

19. From the report and evidence of Dr. Thorne it appeared that the principal nurses' home was in a wholesome condition, but that some of the nurses were lodged in a building which was not in a sanitary state, and in which moreover the diphtheria ward was situated, on the same floor as the cubicles provided for the nurses. As regards the general arrangements of the three principal ward-blocks, Dr. Thorne reported that unwholesome conditions existed tending to produce that form of sore throat which renders those suffering from it exceptionally liable to contract diphtheria when that disease is prevalent. Among the defective arrangements mentioned in the report are ward sinks, connected with soil-pipes in which excreta and liquid filth accumulate, having no effective "aerial" separation from the wards; water-closets ventilating into kitchens which open into wards in which the nurses take one of their meals; and vegetable refuse, ward sweepings, and other ward refuse lying in tubs or thrown about on the ground outside the ward windows, and causing offensive odours in the wards. Dr. Thorne, however, did not consider that the outbreak of diphtheria could be directly attributed to these sanitary defects. With respect to the question of reconstructing the main drainage, his opinion agreed with that of the surveyor.

St. Thomas's.

20. St. Thomas's Hospital was founded in 1207. Forced in 1862 by the extension of the South Eastern Railway to abandon its old home at London Bridge, the hospital was for nine years quartered in a temporary building at the Surrey

Brass, 10817–936. 11493–584 Walker, 10937–11152. Wainwright, 11332–492.

* There were also two cases of typhoid fever and one of diphtheria among the patients in the surgical wards, and four cases of typhoid among the nurses during 1890.

Surrey Gardens, and was removed to its present site on the Albert Embankment in September 1871. The cost of the new buildings (including the freehold site) was about 555,000 *l.*, to which the proceeds of the sale of the old site and buildings contributed nearly 300,000 *l.*, the remainder being made up partly out of the funded property of the hospital, and money saved during the nine years' interval, and partly by means of a loan of 100,000 *l.*

21. The general organisation is as follows:

(1.) The president, treasurer, and about 340 governors, meeting ordinarily four times a year in general court, 13 members making a quorum. The grand committee's minutes are read before the general court, and that court has control, in the last resort, over everything connected with the hospital.

(2.) The grand committee, presided over by the treasurer, and consisting of 34 governors, of whom 10 go out yearly, and are not re-eligible till they have been out of office for a year. The grand committee meets monthly or oftener, and is the body responsible for the management of the hospital estates; it also appoints some of the subordinate officers and servants. The quorum is five.

(3.) The committee of almoners, consisting of the treasurer and four governors appointed from the grand committee. This committee meets weekly, has a quorum of two, and forms practically the executive of the hospital, examining the accounts, receiving reports from the various departments, and approving of all trade contracts. Matters relating to the administration of the property come in the first instance before this body, before being considered by the grand committee.

(4.) The house committee, a body which has only been in existence for a few years, and consists of the treasurer and almoners, and six other governors (two of whom are retired medical officers on the consulting staff), together with the dean, and the senior physician and senior surgeon, who attend as consultants, but are not members of the committee. Their duty is to visit the wards.

(5.) The medical committee, comprising the medical staff of the hospital, and meeting, as a rule, weekly. All matters connected with the school come before them, and they recommend students to the treasurer and almoners for appointment to offices in the hospital.

22. The principal officers (apart from the medical and nursing staff) are the treasurer, the receiver, and the steward.

23. The treasurer, who is unpaid and has a residence in the hospital, has control over all the other officers and servants, with a power of suspension for any serious delinquency, and is responsible, in the absence of the committee of almoners, for the general administration of the hospital. He appoints the sisters and nurses and those of the servants whose appointment does not rest with the grand committee. All cheques have to be signed by the treasurer and two almoners or other governors authorised by the grand committee.

24. The receiver's duties are to receive the rents from the tenants; to examine all accounts presented for payment; to submit them weekly to the treasurer and almoners for approval, and to draw cheques for them when passed; to submit the cash account monthly to the treasurer and almoners, by whom it is examined and signed, and to make up the complete accounts for the yearly audit. He also attends and writes the minutes of all meetings of the almoners. He is paid a fixed salary of 600 *l.*, and receives no commission on the rents. He does not reside in the hospital.

25. The steward resides in the hospital, and has (under the treasurer) the general management of the institution, and control of the junior officers and servants; he sees that all goods are supplied in proper order, according to contract, checks the accounts, and keeps a record of the patients admitted to the hospital.

26. There are two paid chaplains, of whom one is resident in the hospital.

27. The

27. The hospital trains its own nurses, of whom there are 116, including probationers. The nursing establishment is maintained by the Nightingale Fund, which was subscribed for Miss Nightingale after the Crimean War, and was applied by her as a fund for training nurses, and attached to St. Thomas's Hospital. The nurses so trained are drafted into other public institutions, but it is not the object of the fund to train them for private nursing. The probationers are lodged in a separate block, called the Nightingale Home, which was provided by the hospital authorities among the new buildings. Gordon, 11728. 11790.

28. The number of out-patients treated during the year is about 25,000.

29. The hospital owns property in London, and also (to an extent of about 8,750 acres) in Middlesex, Berks, Cambridgeshire, Essex, Hants, Hertfordshire, Kent, Derbyshire, Yorkshire, and Wilts. with a rental for the country estates of 14,565 *l.*, and for the London estates of 31,655 *l.*, an increase, on the whole, of about 1,600 *l.* on the gross rental of the town and country estates in 1880.* 10836–63, 10881–936, 11131–6 11415–32, 11465–72, 11481–4, 11491–526, 11539–40, 11544–6 11550–79.

30. The Derbyshire and Yorkshire properties are placed under a local agent, who receives a commission on the rents; but all the other estates are managed by the treasurer and almoners, with the assistance of the receiver and of a land surveyor, who is paid in proportion to the services actually performed by him. The whole expenses for the land surveyor and the agent in 1889 amounted to 596 *l.* The rents (except those from Derbyshire and Yorkshire) are paid directly to the receiver, and their collection therefore involves no expense, except that proportion of the receiver's salary which may be regarded as payable in respect of this duty.

31. At the beginning of 1891 there was one farm of 500 acres untenanted. The total number of tenants is 460 in London and 160 in the country.

32. The revenue drawn from the estates in 1889 was stated to be 44,098 *l.*† in which year the hospital also received 2,372 *l.* dividends on invested funds; 1,173 *l.* cash repaid in respect of expenses incurred upon unlet farms; 5,720 *l.* from patients in the hospital, and upwards of 4,000 *l.* from donations and other minor sources. The whole amount which passed through the receiver's hands during the year amounted to 67,000 *l.*, but this included a temporary loan of 4,000 *l.*, which was repaid within the year, and certain other sums (such as premiums of insurance repaid by tenants, and sums paid by insurance offices for losses by fire) appearing on both sides of the account, and also a balance of 4,337 *l.* brought forward from the previous year.

33. A sum of 3,300 *l.* is annually applied in reduction of the outstanding capital of the loan of 100,000 *l.* already mentioned. The amount paid in 1889 for this purpose was 6,600 *l.*, and there then remained 33,000 *l.* to be paid off; the interest paid was 1,175 *l.* The loan was originally raised at 4 per cent., but the rate is now 3 per cent. The hospital has about 67,000 *l.* invested with the Charity Commissioners and the Court of Chancery at a still lower rate; but this money cannot be applied to meet liabilities.

34. The hospital buildings are assessed at 9,600 *l.* gross, and 8,000 *l.* rateable; and the rates amounted to 2,308 *l.* The annual cost of maintenance of the buildings (including any additions and improvements which may be made from time to time) is estimated at 2,900 *l.* Repairs are executed under the superintendence of the architect, who also renders services in relation to the management of the London estates. The architect receives 250 *l.* a year and $2\frac{1}{2}$ per cent. commission on repairs; his charges for 1889 amounted to 315 *l.*, of which the receiver considered that about 115 *l.* was due in respect of the hospital itself. There is also a clerk of the works whose business it is to see that the buildings are kept in good order.

35. The

* The increase in London between 1880 and 1889 was 4,400 *l.*, and the decrease in the country, 2,780 *l.* Allowances were, however, made to some of the country tenants in the latter year, so that the actual rental for that year must be taken at something less than the above-mentioned 14,565 *l.* The receiver calculated the loss on the country estates during the last 10 years at between 20 and 21 per cent.

† This was the amount actually received, and was made up of 31,099 *l.* for London, and 12,999 *l.* for the country. A portion of the London property is, however, subject to a rent-charge of 906 *l.*, and there are other rent charges amounting to 233 *l.* In order to arrive at the net revenue, allowance must be made for these charges, and deductions must also be made for expenses of management and rent collection, amounting (according to the receiver's estimate) in London to 1,665 *l.*, and in the country to 2,409 *l.* The total net revenue would thus be 38,885 *l.*

35. The net balance of income available for hospital purposes in 1889 was stated by the receiver to be 40,040 *l.*

10370–7, 11097–101, 11308–21 11416–30, 11527–34, 11782–9.

36. The plan of the new hospital buildings was adopted in accordance with the report of a committee of governors and medical men who made an elaborate investigation, and inspected a large number of hospitals on the Continent. Exigencies of space dictated a straight rather than a quadrangular arrangement of the pavilions, and it is stated that this has led to additional expense and to some considerable inconvenience, the distance from one end to the other being a quarter of a mile. The opinion was, however, expressed that these objections had no weight from the purely medical point of view; that the hospital, as it stands, is one of the model hospitals of the world, and that probably the best hospital now existing (in America) covers a larger space in proportion to its height and accommodation than St. Thomas's.

10868–70, 10978–80, 11131–4, 11422.

37. The hospital is constructed to accommodate 569 in-patients, and for a short time after its completion all the wards were open; but it was soon found necessary to close no less than five of them. The causes which rendered this unfortunate course necessary are stated to have been—(1.) the agricultural depression; (2.) the burden of the building debt; and (3.) the adverse decision of the House of Lords upon a disputed question of rating, which involved a payment of 10,000 *l.* by the hospital for arrears of rates and for costs. Two of these wards have since been thrown open for paying patients under the name of St. Thomas's Home; the other three, containing accommodation for 90 patients, remain disused; and the capacity of the hospital for free patients is thus reduced to 435 beds. The existing accommodation is altogether inadequate for the cases which apply for relief, and large numbers have to be sent away. It was estimated that an additional income of 6,000 *l.* or 7,000 *l.* a year would be required to open the five wards. It was suggested that this sum might be obtained by appeals to the public; a sum of 20,000 *l.* was in fact obtained in this way soon after the hospital was opened, but it was stated to have been raised with much difficulty, and to have been subscribed mainly by the governors; and the authorities do not appear to have viewed with much confidence the proposal to seek from public charity a permanent addition to their income.

11036, 11043, 11145–7, 11385.

10866, 11372–82, 11413.

38. With regard to St. Thomas's Home, the opening of two of the disused wards under this name for paying patients was a scheme adopted with the sanction of the Charity Commissioners for the purpose of accelerating the process of paying off the debt. The home contains 42 beds, and produced in 1889 a sum of 5,600 *l.*, representing a net profit of 500 *l.* or 600 *l.* Each patient pays a minimum of three guineas a week. In addition to this, the Charity Commissioners sanctioned the admission to the general wards of patients paying one guinea a week, but there are not many of this class, the year's receipts amounting only to 120 *l.*

Guy's.

Steele, 238–83, 382, 417–21, 471–88, 512–659, 2919–77. Lushington, 9759–10131.

39. The constitution of Guy's Hospital (St. Thomas-street, Borough), is regulated by an Act of Parliament, passed shortly after the death of the founder in 1725. The supreme authority is a body of 60 self-elected governors,* but the whole business of the hospital is practically discharged by a "court of committees," meeting seven times a year, and consisting of the president and treasurer and 19 governors, who are elected at a general court, and of whom seven retire every year, and are not immediately eligible for re-election. Their quorum is seven; their proceedings are brought up before the quarterly general courts for confirmation; but in practice this is merely a matter of form. The medical officers, the treasurer, the medical superintendent, the matron, and the chaplain, are, however, appointed by the governors in the general court. In the absence of the court of committees, the whole responsibility of the hospital rests upon the treasurer as the executive authority and

* One witness favoured the proposal of getting in some new blood from outside among the governors of Guy's, and he thought that the recent appeal for contributions from the public offered an opportunity for effecting this reform (Burdett, 25895–9).

and representative of the governors; he has power, if he thinks it necessary, to summon the court at any time; but this seldom happens. He has a residence in the hospital, but is unpaid. There is a standing sub-committee for considering matters connected with the management of the estates; another meeting every month, called the "taking-in committee," which consists of 10 lay governors and two members of the medical staff, and which is concerned only with the nursing arrangements; and special sub-committees are from time to time appointed for the consideration of any particular questions of importance; but all these bodies are merely of a consultative character, without executive powers.

40. The treasurer orders everything which is required in the hospital and pays all the bills, the cheques being countersigned by the accountant; contracts are made by the treasurer, and supplies are received by the steward or his clerk, the steward being responsible for them. Once a week the treasurer holds a meeting and receives all the principal members of the administrative staff, the medical superintendent, the matron, the chaplain, and the foreman of works, who make their several reports to him. Formerly another governor in addition to the treasurer used to be present at these meetings, but this practice has fallen into disuse. The appointment of the house physicians and surgeons, the nurses, and the subordinate officials and servants rests with the treasurer, but he acts in this matter mainly through the medical committee, the matron, or the superintendent, as the case may be. Probationers are appointed and may be dismissed by the matron alone. 9865–70.

41. The most highly paid officer is the medical superintendent, who in this hospital holds quite an exceptional position, having under the treasurer, to whom he is directly responsible, the entire supervision of the hospital in all departments, medical, nursing, and administrative, with all necessary powers of control, including the power of suspension from duty for misconduct. He has the control of the admission of in-patients, but in practice this function is for the most part deputed to the house physicians and surgeons. He is not a member of the medical committee.

42. The medical superintendent expressed in his evidence his opinion that the absence of a weekly board or committee having cognisance of all that went on was a defect in the constitution, and a source of weakness in the executive of the hospital; but the treasurer did not consider that any advantage would be gained by the institution of a weekly committee. Steele, 625–8. Lushington, 9962–3.

43. The nursing establishment is controlled by the matron, but her arrangements, including the selection and dismissal of nurses, are subject to the sanction of the medical superintendent and the treasurer. The whole staff numbers about 130, in addition to 50 nurses at the institute for private cases. Steele, 560. Lushington, 9863–73.

44. The medical superintendent and the matron go round the wards daily.

45. The hospital owns an estate in Herefordshire of about 10,000 acres, another in Lincolnshire of about 13,000 acres; one in Essex of about 9,000 acres (of which 1,400 are in hand); and house property in Southwark. The revenue from these four estates used to be 41,000 *l.* a year; but their net annual value at the present time is little more than 26,000 *l.* The country estates are managed by separate agents, one receiving 350 *l.* a year, another 500 *l.* and a house, and a third (in Essex) 150 *l.* and half the net profits. The Southwark property, which is stated to be about 7,000 *l.* a year, is managed by the hospital authorities themselves. Land can only be sold with the sanction of the Charity Commissioners, and the proceeds have to be invested in the purchase of other land. The expediency of obtaining power by Act of Parliament to dispense with this obligation has been considered; but, the present time being unfavourable for the sale of land, this course has not yet been taken. In prosperous times the governors used to spend about 6,000 *l.* a year on the country estates, but that amount has been reduced by one-half. 515, 9805–9, 9818, 9925, 9956–61, 10111–21, 10125–31.

46. To meet this great deficiency of income resulting from the agricultural depression, the hospital authorities some years ago raised 100,000 *l.* by special

appeal to the public,* and a portion of this sum is taken over from year to year to the revenue account. Minor receipts are derived from payments by lady pupils and by the patients themselves; contributions are invited by public advertisement; and legacies form an addition to the revenue. At the same time at least 100 beds are unoccupied for want of funds, the average number occupied being less than 450 (130 only for medical cases), out of a total of 600, and many applicants have in consequence to be refused admission.

Longley, 3179.

47. The system of payment from in-patients is similar to that adopted at St. Thomas's; one ward has, with the sanction of the Charity Commissioners, been set apart for three-guinea patients; and others paying one guinea a week are admitted to the general wards, though the beds (about 20) allotted to this class are said to be often in fact occupied by free patients. During the last few years a charge has also been made to out-patients for their medicine, 3 *d.* for the first supply, or 6 *d.* for a fortnight; but the charge is not strictly enforced in cases of great poverty.

Steele, 396-7.

10049-52.

48. The books of the hospital are kept by an accountant, and the petty cash accounts are examined by him and brought before the treasurer about once a quarter. The whole of the accounts are audited by a chartered accountant appointed by the treasurer with the approval of the court, and are sent to the Charity Commissioners.

London Hospital.

Currie, 1692-1823.
Roberts, 5972-86, 6040-61, 6083-99, 6187, 6218-52, 6296-305, 8412-632.
Gomm, 6957-82, 7215-25.
Nixon, 8177-411, 8822-990.
Buxton, 8633-744.

Valentine, 5566.

49. The governors, of whom the London Hospital has about 4,000, hold quarterly courts, and have the ultimate control of the whole institution. One governor can be appointed for every donation of thirty guineas. They depute the management to a house committee, consisting of the treasurer and 30 governors, with a quorum of three, and an average attendance, at the weekly meetings, of about 11. The members of the medical staff form a medical council, which is summoned, when necessary, in order to deal with matters affecting their interest. There is also a college board formed of 12 members, who are taken equally from the house committee and the medical staff, and whose business it is to manage the medical school and to recommend candidates to the house committee for appointment as resident medical officers.

50. The house governor is the resident officer responsible to the committee for the good government of the hospital in the absence of the committee, to whom he reports weekly. For that purpose he has, under the standing orders, entire control of all the officers and servants except the chaplain and secretary; he can suspend any officer or servant appointed by the house committee, and it is his duty, if ever he thinks it necessary, to summon a special meeting of the committee to consider the conduct of any officer appointed by the general court. In practice, though not in theory, the matron has come to be independent of his authority. The house committee, at its weekly meetings, examines the cash-book and the treasurer's book, receives reports from the house governor, chaplain, and matron, appoints the two house visitors (who serve for a fortnight, and make, as a rule, two or three visits during that period, reporting, if they think proper, to the committee), and it deals with any matters which have arisen during the week. It appoints, from time to time, sub-committees to inquire and report upon any questions needing special consideration. Its minutes are kept by the secretary. The chief duties of the last-named officer are to conduct the correspondence, to collect the subscriptions, to keep all the accounts, except those connected with the tradesmen's accounts and the supplies of food, which are kept in the house governor's office, to manage, in conjunction with the estate sub-committee, certain house property belonging to the hospital, and to take charge generally of the finances, and make up the annual report and balance sheet. He is not concerned with matters of discipline, nor are verbal complaints made to him, these matters being within the province of the house governor. The chaplain receives a salary of 250 *l.* a year and a house. This salary has hitherto always been augmented by 50 *l.* by one of the vice-presidents.

Gomm, 7073.

51. There

* This was done after the Charity Commissioners had declined to sanction a mortgage of the hospital estates (Longley, 3179-80).

51. There is no resident medical superintendent, and the late chairman of the house committee expressed a distinct preference for the existing plan of giving full authority, within their province, to the house physicians and surgeons, subject to the control of the house committee. A member of the medical staff expressed the contrary opinion. Gomm, 7219. Fenwick, 7572–6. Treves, 7735–9.

52. The contracts are made by the house committee, on the advice generally of the house governor; and the supplies are taken in partly by the storekeeper and partly by the housekeeper, the latter being responsible for the meat and eggs. Tenders from selected tradesmen only are received. Gomm, 6979. Nixon, 8311-8346.

53. The London Hospital, which is situated in the Whitechapel-road, has accommodation for 776 in-patients, and is the largest in the metropolis. Owing to the decrease in the number of large factories at the East end, the hospital has, to some extent, changed its character of late years; admits fewer accidents and a greater number of medical cases. It ministers to a dense and poor population; three-quarters of a million of people are estimated to live within a mile of it, and it has to supply accommodation for the great outlying district of West Ham, in which, at the present time, there is no general hospital. It is therefore inevitable that there should be very considerable pressure on the available accommodation, and some complaints were put forward against the hospital for admitting more cases than it could properly accommodate. While, however, it was admitted that from time to time there was some amount of overcrowding in the wards, it was urged that under existing circumstances this could not be altogether avoided, in view of the vast number of urgent cases which present themselves for admission, and the lack of other hospital accommodation in the surrounding district. It was also stated that the total number of occupied beds had never exceeded 733; so that the hospital, as a whole, had never been overcrowded, though it was occasionally found necessary to place extra beds in certain wards; and experience showed that, whenever the total number of beds occupied was within a hundred of the maximum number available, pressure would begin to be felt in some part of the hospital. Patients are admitted by the assistant physicians and surgeons from the out-patient department and by the resident staff, and it is their duty to admit only the urgent cases; but as applicants are constantly coming in, and there must be infinite gradations of urgency in their condition, a certain amount of overcrowding under the conditions of pressure which prevail at this hospital is said to be almost inevitable. Currie, 1717. Currie, 1713. Mackenzie, 9135. Corner, 24877. Currie, 1714. Fenwick, 7690. Nixon, 8898–8901. Mackenzie, 9137. Clark, 9670.

54. The number of out-patients treated annually is upwards of 100,000, besides trivial cases which are not registered. Currie, 1694.

55. The hospital employs a surveyor at a fixed salary, who is responsible, under the house governor, for the maintenance and repair of the hospital buildings, the yearly cost of which is said to average about 2,400 *l.* In the case of new buildings, the surveyor is sometimes employed as clerk of the works, and his payment for that is settled by the committee. The drainage arrangements have recently given trouble, and it is understood that extensive works for their improvement have been put in hand. Nixon, 8350. Lückes, 6644, 6920-2. Gomm, 7168. Fenwick, 7652-4. Nixon, 8823. 8881-4.

56. The total expenditure for 1889 was about 59,000 *l.*, and the receipts showed a balance credit of 15,842 *l.* Legacies were 25,733 *l.*, the average being about 15,000 *l.* The hospital is stated to own real and personal property to the value of 283,000 *l.* A very large proportion of the subscriptions come from the neighbourhood of the hospital. In addition to the ordinary income from subscriptions and donations, there is a "People's Subscription Fund," which is worked through a special collector on much the same principle as the Hospital Saturday Fund. A special appeal is made to the public every five years. Roberts, 8457–8524. Buxton, 8654–68. 8811–3, 882

57. The petty cash accounts (amounting in the year to over 9,000 *l.*) are kept by the house governor, and submitted weekly, with the vouchers, to the house committee, and are sometimes examined and initialled by one of the Nixon, 8301–2. 8822. Roberts, 8412–51. 8530–632.

members. The other accounts are kept by the secretary; the bills are paid by order of the house committee after they have been checked by the committee of accounts; this last-mentioned body being a separate committee of 12 members appointed at the quarterly courts, meeting once in three months and going through all the books. The cheques are signed by the treasurer and countersigned by the secretary.

58. The whole of the accounts are audited half-yearly by a chartered accountant.

Roberts, 6191–8. 6245–52.
Lückes, 6320–400. 6426–32. 8602–7
8106–8. 8148–52. 8992.
Gomm, 6963–95. 7146, 7191–6
Nixon, 8185–95.

59. The matron is head of the nursing establishment with a staff of four assistant matrons, 23 sisters, 191 nurses and probationers, and 25 private nurses. She has the care of the nurses and of everything connected with the nursing and the cleanliness of the words, and she is required to make frequent visits to the wards. The present matron, while superintending some years ago the reorganisation of the nursing department, used to go round the wards every night. At the present time it is considered that this is unnecessary, and would be impossible owing to the very great pressure of other work; but her visits are frequent by day and more so by night; and very special care is taken in the selection of the sisters, who, it appears, have a greater number of beds under their charge, and altogether a more responsible position than in other hospitals.*

60. The matron is appointed by the house committee, and in their absence is, according to the standing orders, subject to the control of the house governor; it was, however, stated that she was by established custom regarded as practically independent of that officer in the management of her own department; and she is directly responsible to the house committee, to whom she makes a weekly report. She has power to engage on trial all sisters, nurses, and probationers; but as regards the sisters, their appointment is actually made by the committee on her recommendation; while, as regards the others, it is merely reported to the committee. The number of applications from persons desiring to be taken as probationers amounted in 1889 to 1,600.

61. The standing orders give to the matron a power of suspension from duty with the concurrence of the house governor, but she has no power to discharge a sister or a nurse. A recent order, has, however, conferred on her a power to terminate the engagement of a probationer at any time during her two years' training, subject to an appeal to the committee. There had previously been no means of dispensing with a probationer's services except through a formal dismissal by the committee itself, a course which could not fairly be taken except in case of actual misbehaviour; and the object of the new rule was to relieve the hospital from the obligation to train on for two years a probationer who showed incompetency or unfitness for nursing, and to do this without placing on her an imputation of misconduct. While the matron was regarded as the person obviously by her position best qualified to form a judgment on questions of competency and fitness in nursing, the committee reserved to itself, through the right of appeal, a power to review any special circumstances arising in any particular case in which this new rule might be applied.

62. In the course of the proceedings before the Committee certain charges were made against the nursing department of the London Hospital, and in particular against the conduct of the matron, and much evidence was heard on both sides in relation to those charges. It is not proposed to enter into details, which were in a great degree of a personal character, and appear in the evidence, but the principal heads of complaint may be stated in general terms as follows:—

Yatman, 4882. 5022–9. 5139–54, &c.
Raymond, 5162, &c.
Page, 5366–70. 5392.
Valentine, 5483–9. 5655. 5678. 8706, &c.
Mackey, 8019–38, &c.

(1.) That probationers were employed as staff nurses before being fully trained, a course which resulted in harm and discomfort to the patients, and was prejudicial to the good training of the other probationers; (2.) That the best probationers were

* Some witnesses were, however, of opinion that the visits of a matron to the wards ought to be more frequent Mackey, 7885–92; Fenwick, 9562.

were withdrawn from the wards to attend private patients, while those patients were at the same time defrauded by getting partly trained instead of fully trained nurses; (3.) That the number of nurses was insufficient, and the staff in consequence was overworked; (4.) That the food supplied to the nurses was insufficient and bad; (5.) That sick children were roused and washed at 4 a.m. in midwinter; (6.) That the arrangement by which the sisters slept in the wards was injurious to their health; (7.) That the matron's power to dispense with the services of a probationer was unjustly exercised, and that the nurses and probationers were treated with harshness and want of consideration; (8.) That the nurses were worn out by being employed to an unnecessary extent in menial work.

Page, 5392, &c.; Lückes, 6450–31, 6466–7, 6475–95, 6500–5, 6555, 812. Yatman, 5732–41, 8047–55; Lückes, 6433–42, 6935–40, 8093; Fenwick, 7620–1; Treves, 7708. Homersham, 5753, &c.; Lückes, 6506–10, 6640–3. Buksh, 7396–416; Homersham, 5804–5, 5809–17, 5871–921; Lückes, 6512–25, 6557–63, 6680–5; Manley, 7252–61, 7283–92, 7298–9. Raymond, 6927, &c.; Gomm, 7036–55, 7148; Lückes, 8106–8. Lückes, 6662–7. Brooke, 7313–34; Lückes, 7336–7.

63. The charges were met by the evidence of the matron herself and of members of her own staff, and of the administrative and medical staff of the hospital. As regards the matron, a large number of letters were put in, received from nurses and probationers trained in the hospital, who testified in high terms to the excellence of the nursing arrangements and to the kind treatment which they themselves had received.

Waters, 7803–8; Appendix. H.; Rathbone, 25974, 25998. Currie, 1818; Treves, 7790–9.

64. As regards the employment of probationers in responsible positions in the wards and for private cases, it was pointed out that, although the London Hospital does not give a nurse her certificate until after two years' training, many probationers become capable nurses long before the end of that period.* It is said that, as a matter of fact, a probationer is in some cases, after a comparatively short training, more competent than many nurses of long experience; it is a question of individual character and capacity; and at the London Hospital, where the matron considers the careful selection of her higher staff to be the most important of her duties, probationers have in a few cases been promoted at once to be sisters in charge of wards. Testimony was borne by several medical witnesses to the excellence of the nurses sent out from this hospital, and to the excellent nursing in the wards. One member of the senior medical staff expressed his opinion that the nurses of the London Hospital were unequalled by any other body of nurses in the country; he stated that in his private practice he had employed 93 of them during the last few years, 76 being certificated, and 17 probationers; and out of the whole number he had made a complaint in one case; while each of these probationers was selected on account of her special fitness for the particular case to which she was sent, and gave perfect satisfaction. To the objection that young probationers were employed as "special nurses," it was answered that a special nurse was always under the supervision of a senior nurse and the ward sister; that the duties of a special nurse do not necessarily require special skill or experience, but only constant attention and watchfulness; and that in selecting the individual nurse regard was paid to the nature of the particular case which she was to attend.

Lückes, 6402, 6410–8, 6455–8, 6498, 6608–25, 6804–5, 6810. Perry, 7471–4, 7486–7. Fenwick, 7577–80. Treves, 7730–4, 7748. Mackenzie, 9188–93. Clark, 9673–4.

Homersham, 5700; Lückes, 6532–4,

65. Upon the question of the sufficiency or otherwise of the nursing staff, the opinion generally expressed by the responsible authorities was that the number was adequate, and, judged by any existing standard, the proportion of nurses to patients (about 1 to 3½) was high; and this is borne out by the figures given from other hospitals. The work is admittedly hard; and the matron herself hoped that the position of nurses in general would in future be improved by shorter hours of duty, longer holidays, and better pay; but it was strongly denied that the labour required of the nurses at the London Hospital was exceptionally heavy, or that their health suffered in consequence.

Lückes, 6401–7, 6757–73, 6788–92, 6854–61, 6895–8, 6901–14, 8992. Manley, 7274. Perry, 7432, 7442, 7454, 7475–9, 7504–7, 7538. Treves, 7720–2. Fenwick, 7637–9. Mackenzie, 9201–7.

66. The

* Under Miss Nightingale's system the period of training for a nurse is one year (Lückes, 8093, Appendix K.; p. 603). The late matron of St. Bartholomew's, on the other hand, held the opinion that every nurse required three years' training, and that no one ought to be made sister of a ward till after the full period (Fenwick, 9523–8).

Lückes, 6391–7, 6564–89, 6636–9, 6693–7, 6719, 6744. Gomm, 6978. Perry, 7423–31, 7454–6, 7488–503. Fenwick, 7602–5. Mackenzie, 9198.

66. The evidence respecting the quality and sufficiency of the food supplied to the nurses shows that in this respect there was, some years ago, serious cause for complaint; and it appears that great efforts have been made to cure this defect. It was stated by witnesses before the Committee, and letters were put in addressed to the hospital authorities by many nurses and probationers, bearing estimony that the food has for a considerable time past been in general both good and sufficient, and that much care is taken to keep it so.

Lückes, 6603–5.

67. The statement that children were roused in the night to be washed was contradicted; but it was said that in the children's ward many children under seven years of age, who go to sleep about six o'clock in the evening, awake very early, when they are given food, and the opportunity would then be taken to wash them, after which they go to sleep again. A complaint had been made by a patient in one of the other wards of being disturbed at five o'clock, but it appears to have been contrary to the rule and practice that this should be allowed.

Lückes, 6815 Manley, 7269–70. Treves, 7809. Fenwick, 9536–7, 9578 Melhado, 12412.

68. The allegation that the rooms in which the sisters sleep are unhealthy, owing to their proximity to the wards, was denied. The matron would prefer that they should be lodged elsewhere for the sake of freedom from disturbance, but it would seem that the sisters themselves prefer to remain near their patients; this arrangement is customary in hospitals.

Middlesex.

Melhado, 12510–951. Fardon, 12952–87.

69. The buildings of the hospital, in Mortimer-street, date from 1745, in which year the hospital was founded. The structure, though old, has been adapted as far as possible to modern requirements, and is stated to be fairly well suited to its purpose. It is held at a ground rent of 15 *l.* a year.

70. The number of beds is 307, but only 290 are devoted to medical and surgical cases, and that number includes 34 beds specially appropriated for cancer. The daily average of occupied beds is about 250 to 260, and the accommodation is insufficient to satisfy all applications for admission. The number of out-patients treated in a year is 38,000.

71. A meeting of the governors is held once a quarter, at which the attendance usually numbers from 15 to 30. They appoint annually a body, styled the weekly board, composed of 24 governors, of whom 10 or 12 usually attend the meetings; the quorum is three. The weekly board delegates portions of its duty to sub-committees. The "board sub-committee" examines all the books of the hospital, the weekly account books, the disbursements of all the officials, and the attendances of the medical staff. The finance of the hospital is managed by the weekly board and the treasurers, and there is a finance committee

72. The medical staff is not represented on the weekly board, but there is a medical committee meeting once a week, whose recommendations are sent up to the board; and in special cases a sub-committee is appointed to report, comprising members both of the board and of the medical committee.

73. The general control of the hospital from day to day, in the absence of the board, to which he is directly responsible, is entrusted to a resident officer called the secretary superintendent, who has power to suspend any officer or servant for misconduct, pending the next meeting of the board. This power, however, does not extend to the nursing establishment.

74. There are also a resident chaplain, and a resident medical officer, who is responsible for all admissions to the hospital, has the medical care of the nurses and

and servants, has authority over the house physicians in the absence of the visiting staff, and keeps a general supervision over the wards in medical matters.

75. Contracts are made by the weekly board, and the steward is responsible for the proper delivery of supplies. Economies to the extent of 460 *l.* a year have recently been made in the cost of provisions, chiefly due to a new mode of preparing the beef-tea. Melhado, 12598.

76. The lady superintendent has the sole charge (under the weekly board) of the nursing department and the female servants. About 86 nurses and probationes are regularly employed ; they live in a house adjoining the hospital called the nurses' home. When necessary, special nurses are taken from outside, or are brought in from the nurses' institute, which is attached to the hospital, and from which trained nurses, about 20 in number, are sent out to private patients.

77. The average income of the hospital in recent years was said to be about 15,000 *l.* or 16,000 *l.* Last year was an exceptionally favourable one, the total income rising to 20,634 *l.*, made up as follows : dividends, 6,367 *l.* ; annual subscriptions, 2,851 *l.* ; donations, 6,538 *l.* ; alms-boxes in the hospital and in business establishments in the neighbourhood, 234 *l.* ; Hospital Sunday Fund, 2,083 *l.* ; Hospital Saturday Fund, 411 *l.* ; rents (from freehold and leasehold property left to the hospital at various times), 1,951 *l.* ; incidental receipts (chiefly arising from the school account and from the sale of refuse), 196 *l.* The income is reckoned at this hospital exclusive of legacies, which are always carried to the capital account. It was, however, necessary until the last few years to utilise the whole of the legacies towards meeting current expenditure ; but latterly they have more than sufficed not merely to make up the annual deficit of income, but also to replace the capital drawn out during the last 10 years. The average of legacies for that period is 17,224 *l.* ; but the last three years alone yielded 131,000 *l.* Excluding a single large legacy received in 1890, the average is estimated at less than 10,000 *l.* This system of treating all legacies as capital causes the hospital accounts to show a permanent annual deficit of income. Last year the gross expenditure was 27,117 *l.*, of which 2,584 *l.* was "extraordinary," *i.e.*, for permanent improvements ; but the legacies more than made up the difference. The average expenditure is stated to be about 23,000 *l.* a year. 12547-64, 12589-95, 1276-28, 12816-20, 12833-9, 12847-56, 12286 8.

78. At the beginning of 1891 the capital fund, which 10 years ago stood at 172,000 *l.*, and decreased annually for severally years after, had risen to 252,786 *l.* This sum includes the Special Cancer Fund of 47,132 *l.*, and also a sum of 25,896 *l.*, which it was resolved to set aside as a permanent Endowment Fund ; the remainder of the capital can be drawn upon, but only with the sanction of the quarterly court of governors.

79. Constant appeals are made to the public for funds, and a collector is employed, who receives a commission of 5 per cent. on subscriptions collected through him. Melhado, 12864-6.

80. The accounts are examined twice a year by a firm of chartered accountants, who give a certificate to the weekly board. They are also examined annually by three auditors appointed by the court of governors.

81. The Cancer Fund, of which mention has been made, consists of money left for the endowment of the cancer wards, but it does not suffice for that purpose, and has to be supplemented from the general funds of the hospital ; it is from time to time increased by legacies. These wards accommodate 26 women and 8 men ; they are an institution quite apart from the general uses of the hospital, being, in fact, an asylum to which incurable patients come to end their days. A rota is kept of candidates for admission, and they are received as vacancies occur. Cases of this disease fit for operative treatment are admitted in the ordinary way to the general wards. Melhado, 12814-20. Gould, 13139-50.

82. The hospital has its own laundry. 12797-801.

Charing Cross.

Reade, 13856–14198.

83. Founded originally as a dispensary in 1820, and moved in 1831 to its present situation, this institution was opened as a hospital in 1834. It contains 175 beds, of which about 10 are usually kept vacant for emergencies, and the total number of in-patients admitted in 1890 was 2,165 ; out-patients, 21,000. The hospital is generally full, and cases have sometimes to be sent on to other hospitals, but the secretary is of opinion that the medical relief in that part of London is, on the whole sufficient.

84. The organisation of the hospital is peculiar ; there is an annual meeting of the governors in general court, and there is a weekly board at which also every governor is entitled to be present, but between the two is the council, which consists of the vice-presidents (about 80 in number), 24 governors elected by the annual general court, the three senior physicians, the three senior surgeons, and the physician accoucheur. The council is the paramount administrative authority, appoints the higher officials, and acts independently of the annual court. The elective members hold office for three years and are re-eligible ; casual vacancies are filled by the council itself ; the usual number attending the monthly meetings is from 8 to 14 ; at the weekly board the usual attendance of governors is about six or seven, of whom one or two may be also members of the medical staff. Practically the governors attending the weekly board are, in general, members of the council as well, and are present at the meetings of that body, so that the active management of the hospital is in comparatively few hands.

85. The weekly board has to superintend the whole administration of the hospital, and make all necessary arrangements, subject to the sanction of the council. Weekly reports from the various departments are made to the board.

14002–4.

86. Accounts are checked weekly by the finance committee, which consists of the two treasurers (who are *ex-officio* members of all committees), and three members of the council ; it has the whole financial control, subject to the authority of the council, to which it reports every month. The yearly accounts are made up as nearly as possible in the form prescribed by the Hospital Sunday Fund.

87. The practical daily management of the hospital is in the hands of the secretary, who engages all the male servants, and has power to discharge them, though in practice it is not usual to discharge anyone finally until the matter has been reported to the weekly board. The secretary lives outside the hospital, and the highest resident officer is the chaplain ; either of them would in any serious case of emergency refer to one of the treasurers.

88. As regards supplies, the practice is to advertise for tenders ; the contracts are made by the finance committee, and confirmed by the weekly board ; and the stores are taken in by the housekeeper.

89. The resident medical staff consists of two house physicians, two house surgeons, and an obstetrical officer.

90. In-patients are admitted by the house physicians and surgeons, except on Tuesdays, when the weekly board meets ; on that day they are, in theory, admitted by the board itself, though practically urgent cases are taken in at once without reference to the board.

91. The medical committee recommend candidates to the weekly board for the resident medical appointments, and settle the tenders for drugs, and generally, all medical questions, subject to the council. The senior medical officers are also governors of the hospital.

92 The nursing establishment is under the charge of the lady superintendent ; and questions arising in this department are considered by the nursing committee. The hospital has only undertaken the training of its own nurses since 1889, having been previously supplied from St. John's House ; but this plan of divided authority was not found satisfactory. The nursing staff numbers 51, including probationers.

93. The

93. The ordinary income of the hospital is about 6,000 *l.* a year, which is altogether insufficient to meet the expenses. The deficit has to be made up by special appeals from time to time for donations, by the proceeds of the triennial festival dinner, and by drawing on the capital which is occasionally accumulated out of legacies. This source of income is, however, a very precarious one; in one year the legacies amounted to 28,000 *l.*, but in 1890 they were little more than 1,000 *l.* In the present year the sum total of investments (exclusive of some special funds tied up by way of endowment) was about 2,000 *l.*; and the secretary estimated that the hospital could not be carried on at the present scale for more than two years without either a windfall from legacies or a special appeal to the public. 13387–97, 13902–8, 14083, 14128–42, 14149–51.

94. The income from annual subscriptions in 1890 was 1,838 *l.*; there was a small sum from rents of leasehold houses, and a small balance came to the general fund from the medical school. A considerable sum has recently been expended in enlarging the medical school; but, as the school returns a revenue to the hospital, that outlay is regarded as an investment.

Westminster.

95. This hospital was founded in 1719; the present buildings date from 1834, and extensive alterations have since been made, chiefly in 1877 and 1885–86. The number of beds is 205, with a daily average of about 184 occupied. The number of out-patients is about 27,000, including casualties. The provision of medical relief is considered to be sufficient for this district, many patients being received from the country. Quarterly and, as occasion may require, special courts are held of the governors, who number in all about 350; these courts are the supreme authority of the hospital, and the attendance averages about 21 to 27 governors, more than half of whom, generally, are members of the house committee. That body consists of the president, vice-presidents, and treasurers, and 36 governors, elected by the first quarterly court in each year; and any governor may attend and speak at the meetings of the committee, but may not vote. Of the elective members one-fourth, comprising those who have least frequently attended the meetings during the year, are ineligible for re-election. Quennell, 14873–15163.

96. The house committee hold weekly meetings, at which the quorum is four, appoints house visitors and receives their weekly reports, makes the necessary contracts, after public advertisement for tenders, and is generally responsible for the management of the hospital. Every fortnight the secretary's petty cash account is checked with the vouchers by the house committee, and his balance in hand made up to 50 *l.* All cheques are signed by the chairman and two members of the house committee, and countersigned by the secretary. The bank pass-book is inspected at each meeting.

97. Other committees are the audit and finance committee, the medical committee, the estates committee, and the school of medicine committee; they report directly to the quarterly board.

98. The audit and finance committee consists of five governors, with a quorum of two. They appoint a professional auditor; go through the bills every quarter, after they have been checked by the secretary and certified by the auditor; compare the secretary's and collector's report of receipts with the banker's book; make a report to each quarterly board; consider any questions of finance referred to them by the house committee; and prepare the yearly abstract of receipts and expenditure.

99. The secretary has a general control over the establishment, but the precise limits of his authority are not strictly defined. Both he and the chaplain are non-resident. There is no resident medical superintendent. Supplies are taken in by the steward in person.

Quennell, 14998–15024, 15036–8, 15092 Pyne 15169–305; Alchin 15403.

100. The nursing arrangement differs from that in other hospitals, the work of this department being undertaken by the Westminster Training School and Home for Nurses, an institution founded in memory of Lady Augusta Stanley, and having funds distinct from the hospital. The nurses are lodged in a separate building at Queen Anne's-gate, and are under a lady superintendent, who is also matron of the hospital. There is a body called the nursing joint committee, appointed partly from the home and partly from the hospital, whose duty it is to determine questions referred to it relating to nursing; but it is said that this committee has practically nothing to do. The hospital pays 1,700 *l.* a year to the home, and a fixed sum for each nurse supplied beyond the regular staff. This arrangement is found to work well. There are about 63 nurses and probationers, exclusive of 67 nurses belonging to the private nursing institute.

4924–36, 15112–3.

101. The expenditure of the hospital in 1890 amounted to 13,331 *l.*; the income to 14,109 *l.*, made up of dividends and ground-rents, 2,706 *l.*; annual subscriptions, 1,461 *l.*; donations, 1,860 *l.*; legacies, 6,610 *l.*; Sunday Fund, 1,145 *l.*; Saturday Fund, 300 *l*; and miscellaneous, 245 *l.* There was also a legacy of 24,000 *l.* Consols, and a sum of 1,000 *l.* given for the endowment of a bed. The invested capital amounted in 1891 to 50,806 *l.* to the credit of the general fund, which can be used to meet any deficit of income, and about 34,000 *l.* to the credit of several special endowments, including one of 17,350 *l.* for an establishment for incurable patients, which accommodates seven women in a separate ward, and a certain number of male patients distributed in other wards. Legacies have averaged about 5,000 *l.* a year for the last 20 years, exclusive of the 24,000 *l.* above mentioned.

15129–34, 15148–52.

St. George's.

Todd, 11933–12288.

102. This hospital was founded in 1733; it was originally an offshoot of the Westminster, and was established in what was known as Lanesborough House. The present building at Hyde Park Corner is about 60 years old. The greater part of it is leasehold, held at a peppercorn rent, but a portion is freehold.

103. Quarterly meetings are held of the governors, who number 1,000, but every governor is also entitled to attend the weekly board which, through its committees, manages the hospital. An average of 20 to 26 governors attends the meetings of the board, and the committees elected by it are a general purposes committee, a finance committee, and a nursing committee, all of which are under the immediate control of the board.

104. The general purposes committee consists of 16 governors; it considers all matters concerning repairs, alterations, or additions to the hospital, advertises for tenders, accepts contracts, and reports to the board on questions of management.

105. The finance committee is composed of five governors, and the treasurers and trustees, nine in all; it discusses all matters connected with the finances of the hospital, the tradesmen's accounts, the selling of stock, and the increase of salaries.

106. The nurses committee comprises 12 governors elected by the board, and all the medical officers of the hospital who are governors, about 30 members in all: engages and dismisses all nurses and probationers, superintends generally everything connected with the nursing department, and makes a yearly report to the board. The superintendent of nurses reports to this committee, the chairman of which is frequently at the hospital, and is in constant communication with the superintendent of nurses.

107. Four or more governors are appointed every month whose business it is to go round the wards, to make inquiries and inspection, especially as regards the food, and to report weekly to the board.

108. The chief resident officials are the secretary and the resident medical officer. The secretary appoints, and can dismiss, most of the male servants; he

he is responsible for the general management and good order of the hospital, and in case of necessity can readily communicate with the treasurer or one of the senior medical staff. The hospital is also constantly visited by the treasurer and other governors.

109. The head of the nursing department is the superintendent of nurses, who has under her between 90 and 100 nurses (including probationers), and who also engages the female servants.

110. The steward receives the supplies, and is responsible for their quality.

111. The expenditure for 1890 was 27,364 *l.* ordinary, and 950 *l.* extraordinary. In that year the receipts were, house rents, 1,056 *l.*; annual subscriptions, 6,644 *l.*; donations, 1,754 *l.* and 1,000 *l.* stock; legacies, 27,781 *l.* (including one of 20,000 *l.*, or, deducting the duty, 18,000 *l.*; the average income from legacies was put at 5,000 *l.*); Hospital Sunday Fund, 156 *l.*; Hospital Saturday Fund, 400*l.*; dividends from 441,640 *l.* of capital invested, 12,642 *l.*; altogether upwards of 50,000 *l.*, exclusive of the 1,000 *l.* stock. 11988–12010, 12116, 12126–39, 12214–45.

112. Of the whole amount of 441,640 *l.* invested, about 110,000 *l.* is tied up, so that only the income can be used. The hospital has been fortunate in receiving within the last few years several very large legacies (two of 100,000 *l.*); previously it was found necessary to sell out yearly 2,000 *l.* or 3,000 *l.* stock to meet current expenses. A collector is employed to bring in subscriptions; he is paid by commission, but is not encouraged to canvass.

113. As regards accounts, the usual practice is for the treasurer to look over the secretary's accounts weekly. They are also laid on the table at board meetings, but are not then systematically examined. Comparisons as to expenditure are made, quarter by quarter, by the finance committee.

114. The charge for general repairs last year was 1,200 *l.*; this seems to have been below the average.

115. There is a superintending architect attached to the hospital, who receives 5 per cent. on work done under his superintendence, and 2½ per cent. on minor repairs.

116. The sum paid for rates was 365 *l.*

117. The hospital contains 356 beds, 205 surgical and 151 medical. Altogether 4,466 patients were admitted last year, and the daily average was about 335. Applicants have constantly to be sent away for want of room, and, especially during the winter, there is often great pressure for admission to the wards. 11976, 11978–80.

118. About 16 per cent. of the in-patients were stated to be domestic servants, and 10 per cent. of them to be in service when admitted. Their employers are sometimes subscribers, and if not they very often make a donation, but are not obliged to do so. Todd, 11955–8.

University College.

119. This hospital, now standing in Gower-street, was opened in 1833, having grown out of the University Dispensary, which was started in Gower-place in 1828. It contains 207 beds, of which 181 on the average are occupied, and though it is situated near other hospitals, the secretary was of opinion that 100 more beds could easily be filled. It is admitted to be structurally inconvenient, and its rebuilding is contemplated; but its sanitary condition is said to be good. Nearly 40,000 out-patients have been treated in a year. Nixon, 15452–821.

120. The hospital was founded for the medical school of University College, and is under the ultimate control of the council of the College. But the executive authority is the hospital committee, consisting of 14 members elected at the annual meeting of governors and subscribers, seven nominees of the council of the College, and three delegates from the medical committee. The hospital committee appoints a house and finance committee, and a Samaritan fund committee; its meetings are held fortnightly; it deals with recommendations from the other committees, receives the visiting governor's report, and a

general report from the secretary of proceedings in the hospital during the past fortnight, and considers any decisions of the council of the College.

121. The house and finance committee has to audit all the accounts fortnightly, recommends the necessary payments to be made, inspects the store and other accounts, and has control of the nursing arrangements and the servants.

122. The minutes of the hospital committee are laid before the council of the College, which has power to intervene, and it seems that there is also a power of intervention in the general meeting of subscribers, but practically it has not been exercised; nor has any difficulty arisen in the relations between the hospital and the college.

123. The secretary is charged with the general superintendence of the structure and management of the hospital, and the control of the officers and servants, except the nursing staff. In case of emergency he would appeal to the treasurer, or (in a medical matter) to the Dean of Faculty of Medicine. He is not, however, allowed to interfere with matters placed under the control of the resident medical officer. The last-mentioned is the highest official who actually resides in the hospital; he controls the admission of in-patients, except those who are taken in through the out-patient department.

Nixon, 15610, 15848, 16143; Cecilia, 15824–44, 15849–919; Barlow, 15949–50; Allison, 16686–724; Vol. II., p. 325.

124. The hospital is nursed by the Sisterhood of All Saints, Margaret-street, in consideration of a fixed payment, an arrangement which is said to work efficiently, notwithstanding the division of authority. The sister superior, who fills the post of matron, is summoned before the house and finance committee once a month to make her report, and give any information required about her department. She engages the nurses, and has the staff of about 75 for the hospital, lodged in a neighbouring building, and separate from the religious Sisterhood. Formerly Nonconformists were not admitted to the paid nursing staff, but from 1889 this restriction has been abandoned. The nurses are recruited from all denominations, but they cannot rise to become "sisters," as these posts are held by the members of the Sisterhood only.

15525–47, 15768.

125. Constant appeals are made to the public for contributions. The total income in 1890 was 19,334 *l.*, slightly less than the expenditure. Annual subscriptions yielded 2,020 *l.*; dividends, 2,944 *l.*; legacies, 1,973 *l.*; students' fees (*i.e.* one-third of the clinical fees, the other two-thirds going to the medical officers), 596 *l.*; people's contribution fund, 500 *l.*; donations, 7,853 *l.* (including 1,250 *l.* from the Sunday Fund, and 232 *l.* from the Saturday Fund, and the proceeds of the yearly dinner). The 10 years' average of legacies was 4,300 *l.* a year, including an exceptionally large one of 11,000 *l.* The hospital has 62,515 *l.* permanent endowment, 13,488 *l.* invested for general purposes, and 36,048 *l.* to the credit of the Samaritan Fund. This fund differs from the corresponding fund in other hospitals, in having this considerable endowment, and in being managed by a special committee. It assists in maintaining the "invalid's dinner table," an institution peculiar to this hospital, and regarded with some disapproval by the secretary of the Charity Organisation Society; it is a sort of soup kitchen, to which a limited number of persons are sent from the out-patient department.

Loch, 26118.

King's College.

Wace, 18633–831. Bonefield 1261.

126. This hospital, situated in Portugal-street, Lincoln's Inn Fields, was founded in 1839 for the instruction of the students at the college; and its present constitution is laid down by an Act of Parliament passed in 1851. It is managed by a committee of 24 governors elected at the annual court; the principal of King's College and the treasurer are official members, and some members of the medical staff are always placed on the committee. The medical committee, which includes the whole staff, some 25 in number, does not in general take any active part in the administration. The detailed work is performed by a variety of commitees, which report to the committee of management. These are the finance committee, the nursing committee, the works committee; a committee for raising funds; the dispensary committee, and the Samaritan fund committee. The finance committee meets once a month, when the several accounts are examined and initialled; this work was formerly done every

every fortnight, but that course was found inconvenient owing to many of the payments being made monthly. The trade contracts are made by the finance committee after advertisements for tenders; and supplies are taken in by the steward.

127. House visitors are appointed from time to time by the committee of management.

128. The secretary, who at the present time fills also the offices of chaplain and warden, but does not reside in the hospital, is the head officer; appoints the servants, and has supreme authority over all the resident staff in the absence of the committee, to which he is responsible. There is no resident medical superintendent, and the chairman of the managing committee was of opinion that much opposition would be offered to such an appointment; but it was explained that the house physicians and surgeons are directly responsible to the committee.

129. The nursing was undertaken, until six years ago, by the St. John's House; but the arrangement was not altogether satisfactory, and the hospital now trains its own nurses, of whom there are about 80, exclusive of the private nursing staff. The matron engages the nurses, but with respect to the sisters and the special probationers, their names are submitted to the nursing committee for recommendation to the committee of management. Every nurse must attend the Church of England Service, but need not belong to the Communion of the Church of England. Wace, 18778.

130. The accounts of last year showed a deficit approaching 6,000 *l.*, the expenditure being 17,126 *l.*, and the ordinary receipts 11,288 *l.*, to which annual subscriptions contributed 2,292 *l.*, donations 5,150 *l.*, and Sunday Fund 1,406 *l.* The legacies are carried to a special account, and they and the invested capital can only be spent by permission of the council of King's College. Last year's legacies came to 2,464 *l.*; they have averaged since the foundation of the hospital 3,060 *l.* a year, and for the last 10 years 4,020 *l.* The annual deficit, averaging for the ten years about 4,000 *l.*, is made up from this source, and, when necessary, by the sale of investments. These amounted in the present year to less than 20,000 *l.* of which the Reardon Samaritan trusts funds absorbed 7,800 *l.*; and 10,500 *l.* was invested in land of increased prospective value, but at present unproductive. Constant appeals are made to the public, and the annual festival dinner produces a considerable sum. A few years ago it was found necessary to close two wards for lack of funds, but it has fortunately been found possible to re-open them. The full capacity of the hospital is 220 beds (90 surgical, 90 medical, and the rest special); the working average is over 200 occupied, and it is impossible to satisfy all applications for admission. The out-patients number about 20,000. 18640–65.

St. Mary's.

131. The control of this hospital (in Cambridge Place, Paddington), which dates from 1845, is vested in quarterly and weekly boards of governors, both of which are open boards, which every governor is entitled to attend. There are also two standing committees, called the house and finance committee and the medical committee. Ryan, 14371–500, 14516–676, 14681–93. Bird, 14703–40.

132. The work of the quarterly board is to read the minutes of the weekly board for the three months, and to confirm them or otherwise. The weekly board receives and considers a fortnightly report from the house and finance committee, a monthly report from the medical committee, a monthly report from the house visitors (two governors appointed monthly by the board to visit the wards), and reports from the chaplain, the matron, and the resident medical officers. The board further examines the medical officers' attendance book, the medical and surgical admission books, the "two months' book" (in which every patient who has been more than two months in the hospital is reported upon), and the weekly return of out-patients; and the chairman signs a warrant authorising the payment of accounts passed by the house and finance committee.

 133. The

133. The house and finance committee practically manages the hospital as the executive authority. It receives reports from the secretary, matron steward, and house visitors, examines the steward's detailed account of the receipt and expenditure of stores, and audits the whole of the accounts month by month, checking all the various books and balancing each of the several heads of account. The members of this committee usually attend also both the weekly and the quarterly board, so that here, as in many other cases, the whole management practically devolves in general on a small number of individuals. On the other hand the chairman of the committee expressed an opinion unfavourable to government by an open board on the ground that it brought about a want of continuity in the work, and that there was always the danger of a packed meeting, or at least of those who had given their attention to the management of the hospital being out-voted by persons who rarely attended, and had no practical knowledge of the work of administration. Both he and a member of the medical staff bore witness that actual inconvenience had from time to time arisen from this cause, but there does not seem to be evidence of any such friction having been felt in other hospitals in which the whole body of governors have an ultimate power of control.

Bird, 14717-37.

Morris, 14839-43.

134. The medical committee meets monthly, receives reports from the medical superintendent, and from the dispensary visitors (two governors appointed every month by this committee to visit and supervise the dispensary), and examines the " six months' book " (a record of out-patients who have been six months or more under treatment), the septic book, the post-mortem book, the temperature books, and books registering particulars of the cases in the wards.

Ryan, 14428-30.

135. An annual meeting is held at which subscribers as well as governors may be present; and the press are admitted to this, and also (if they choose to come) to the quarterly meetings.

136. In the absence of the weekly board and house committee, the head of the establishment is the secretary, who has power of dismissal over the subordinate servants, reporting in every case to the weekly board. The secretary does not reside in the hospital, and at night the medical superintendent is acting head of the establishment. The particular duty of this officer is to superintend the resident medical officers, the clerks and dressers, and he exercises a general supervision in medical and sanitary matters. He regulates the admission of those in-patients who hold letters of recommendation (urgent cases being admitted, without letter, by the house physician or house surgeon on duty).

137. The hospital chaplain is non-resident.

138. The head of the nursing staff, numbering about 60, is the matron, who is responsible to the house and finance committee and to the weekly board; if additional assistance is required in this department it is obtained from the institute of nurses belonging to the Brompton Consumption Hospital.

14386-7, 14485.

139. The hospital contains 281 beds, of which about 255 are usually occupied; and there is said to be very considerable pressure on the accommodation,* the hospital serving the whole district west of the Edgware-road and north of Hyde Park. Its enlargement is in contemplation, and land is already being acquired with that object.

14473-88, 14583-91.

140. The total expenditure for 1890 was 23,608 *l.* The income was 22,544 *l.*, comprising annual subscriptions, 5,227 *l.*; donations, 3,177 *l.*; dividends and rents, 2,521 *l.*; legacies, 8,276 *l.* (slightly above the average of 10 years from this source); Sunday Fund, 2,083 *l.*; Saturday Fund, 368 *l.*; payments by probationers, 412 *l.*, and minor items. The balance had to be made up from capital. The hospital now holds investments to the extent of about 72,000 *l.*, the whole of which could, if necessary, be sold out.

* There may be great pressure on some of the special wards, at the same time that there are vacant beds in other parts of the hospital. The existence, therefore, of unoccupied beds does not prove that the hospital is able to cope fully with the demands on its accommodation.

Royal Free.

141. The government is entrusted to a court of governors, meeting annually, a committee of management, consisting of 30 governors elected at the yearly court, and a weekly board of 12 members of the committee. The weekly board manages all the general business of the hospital, but any matter of importance is referred to the committee, which meets quarterly, and can be specially summoned at other times by the board. A printed report of the board's proceedings, a statement of accounts, and other returns are sent to every member of the committee before each quarterly meeting. Thies, 16149-456.

142. The weekly board is assisted by a finance committee selected from among its own members, and meeting every week before the board meeting. The finance committee, or some members of it, examine the weekly expenses and the payments made during the preceding week, examine and initial weekly the various books containing accounts of money and stores, and make a similar examination into the quarterly accounts before they are paid.

143. The secretary is the representative of the committee and of the board in the general administration, and has supreme power in their absence and subject to his responsibility to them.

144. The nursing staff consists of a lady superintendent and 40 nurses and probationers, who are trained in the hospital. The lady superintendent has a power of suspension, but not of dismissal.

145. There is a non-resident chaplain, and a senior resident medical officer.

146. A portion of the existing hospital buildings was occupied prior to 1842 as a cavalry barrack. In that year the hospital, which had been founded in 1828, was removed from Hatton Garden to the present site in Gray's Inn-road; but the receipt of large legacies has enabled the committee to pull down and replace the greater part of the barrack buildings, and it was intended to issue a special appeal during the past year for funds to complete the work of re-construction, and also revise the whole system of drainage, which is on an unsatisfactory footing, though the drains are regularly tested by the architect, and no actual mischief has arisen. The number of beds is 160, with an average of 135 occupied; and there is considerable pressure on the available accommodation. The out-patients in 1890 numbered 17,263, besides nearly 11,000 casualty cases. In the years 1832, 1849, and 1854, this hospital was given up to cholera patients, and received 700, 3,000, and 6,000 cases in those years respectively. 16226-8, 16246. 16181. 16173-6.

147. The income for 1890 was: annual subscriptions, 1,013 *l.*; donations (including alms-boxes in the hospital), 2,255 *l.*; dividends, 934 *l.*; nurses' training school, 625 *l.*; sundry receipts, 22 *l.*; legacies, 6,855 *l.*; total, 12,904 *l.* The average income for 10 years was 12,398 *l.*, including 7,370 *l.* from legacies. The expenditure last year was 10,671 *l.* Convertible investments were held to the value of about 19,000 *l.*, and special endowments, 6,213 *l.* It has not been the custom to make constant appeals for subscriptions in aid of income. 16177-8, 16214-25, 16366, 16408

148. The special feature of this hospital is the admission for clinical training of the female medical students attached to the London School of Medicine for Women.*

149. This hospital is in touch with and sends cases to the Provident Medical Association. Thies, 16351.

Metropolitan.

150. This institution was first founded as a dispensary in 1836; and some beds were afterwards added. Forced by the extension of the Metropolitan Railway to quit its quarters in Devonshire-square, Bishopsgate, it migrated in 1886 to its present situation in Kingsland-road, N.E., about two miles from the London Hospital, and the same distance from St. Bartholomew's. The buildings are Byers, 16725—16919; Goodsall, 16920—17007.

* *See* page xciv.

are new, and it is claimed for them that they are constructed on the best sanitary plans. In 1887, on the adoption of the provident system in the out-patient department, the title of "Metropolitan Free Hospital" was dropped, and that of "Metropolitan Hospital" was substituted.

151. The hospital is governed by a general committee of management, meeting monthly, and comprising from 12 to 24 governors, elected at the annual meeting, besides the president, treasurer, trustees, and four members of the medical staff. From this body is elected a house committee of nine members (including one physician and one surgeon) who meet once a week; and the house committee in turn appoints three of its members to form the finance committee, which meets and examines the books once a quarter (after they have been audited and certified correct by a chartered accountant), and reports to the next meeting of the general or house committee. All the accounts are paid quarterly, and the cheques are signed by two members of the finance committee. The books are always produced to the house and general committees, but are only systematically examined by the finance committee and the auditor.

152. In the absence of the weekly committee, the secretary (non-resident) is head of the whole establishment, except the medical and nursing staff. Supplies are taken in by the housekeeper who is responsible to the sister in charge of the nursing staff. Contracts are made by the house committee.

16841–63. 153. The nursing is undertaken by a Sisterhood on the same plan as that at University College Hospital; 16 nurses are paid for under the contract, but the actual number was stated to be 32, additional ones being brought in by the Sisterhood for training.

16978–9. 154. The hospital can accommodate 160 patients; but only half that number of beds have as yet been brought into use; many applicants have to be sent away; and the accommodation is said to be very insufficient for the district.

16760, 16764, 16892–9014. 155. The total expenditure in 1890 was 7,500 *l.* The income from provident patients amounted to 670 *l.*; donations, 2,400 *l.*; subscriptions, 565 *l.*; dividends, 240 *l.*; legacies, 2,100 *l.*; Sunday Fund, 312 *l.*, Saturday Fund, 87 *l.*; and there was a deficit of more than 1,000 *l.*

Byers, 16734–61, 16768–98, 16902–4; Goodsall, 16927–41, 16953, 16956–61, 16985, 16992–5, 17002; Bousfield, 1467; Currie, 1844–1944. 156. The provident system, as worked in the out-patient department of this hospital for persons living within a radius of a mile from the hospital, was explained by the secretary and a member of the medical staff. The subscription for an adult is fixed at 1 *d.* a week or 4 *d.* a month; entrance-fee (except for members of benefit societies) 6 *d.* The wage limit is 21 *s.* a week (35 *s.* for a family). The system includes home attendance at a fee of 6 *d.* by day, 1 *s.* in the evening, and 2 *s.* by night; midwifery cases, 15 *s.* This fee is said to usually cover the expense.

Byers, 16777–9.

157. Admission to the out-patient department is not exclusively confined to the provident subscribers. Anyone may be treated for the first time free, and the doctor may authorise a free patient to come again. The statement for 1890 shows 14,000 new free cases with 23,000 attendances; the attendances of subscribers were 43,000. Four medical men are specially allotted to the provident members, of whom there were estimated to be about 7,000, in the opinion of the witness, "a disappointing number." The plan has recently been adopted of collecting the members' subscription from them at their homes.

158. The objections raised by the general practitioners to this department of the Metropolitan Hospital are mentioned under the heading of out-patients.

West London.

Gilbert, 20335—566. 159. This institution in the Hammersmith-road was founded in 1856 as a dispensary for Fulham and Hammersmith. In-patients began to be taken in 1860, and at the present time there are 101 beds, with an average of 94 occupied. Applications for admission have frequently to be refused for want of space. The out-patients average 21,000 in the year.

160. The

160. The hospital is governed by a committee of management of 50 to 60 members meeting monthly, and receiving reports from its subordinate committees, the house and finance committees, and from the medical council. The house committee is the executive body, and consists of eight members with a quorum of three.

161. The secretary is responsible for the management in the absence of the committee, and his control extends to the nursing establishment. Contracts are made by the committee, tenders being submitted by invitation; and the food is taken in by the housekeeper.

162. The books and accounts are checked by the finance committee; bills are paid, as a general rule, quarterly, and a professional auditor is employed.

163. The financial position is shown in two accounts; the estate account, which for 1890 was said to give an income of 3,176 *l.* against an expenditure of 2,175 *l.*, and the maintenance and management account, with an income of 4,971 *l.*, made up of annual subscriptions, 2,411 *l.*; donations, 994 *l.*; almsboxes, 314 *l.*; Sunday Fund, 572 *l.*; Saturday Fund, 175 *l.*; friendly societies' demonstrations, 242 *l.*; and church and chapel collections, entertainments and miscellaneous sources. The expenditure on this account was 6,084 *l.*; and the deficit was made up by borrowing. 20390.

164. The annual average from legacies since the foundation of the hospital has been only 730 *l.* The amount of money invested appears to be about 3,000 *l.*, and the hospital has house and garden property in the neighbourhood.

165. The nursing staff consists of a lady superintendent and 26 nurses, trained in the hospital. There is no nursing committee.

Samaritan Funds.

166. The administrators of the Samaritan Fund at St. Thomas's send people to convalescent homes. The Samaritan Fund is administered by the treasurer and almoners; the witness is their working officer. Patients are helped in various ways from the Samaritan Fund. Patients are sent home in cabs, washing provided, assisted to get clothes, trusses, wooden legs and arms, and to get tools out of pawn. Walker, 11083–6. Wainwright, 11396.

167. The Samaritan Fund at the Middlesex assists destitute patients, providing them with tea, butter, and sugar. Provides for sending patients to convalescent homes to which it subscribes. Pays the keep of patients while there, railway journeys there and back, and any other assistance they may require. Funds come from dividends, one ground-rent, and donations. £. 110 in debt last year (1890). The Samaritan Fund is administered by the chaplain, subject to the finance committee; it helps towards funerals. Melhado, 12565. Reade, 14155.

168. At St. George's, Samaritan Fund comes from legacies, donations, and investments. In 1889 they spent 60 *l.* in giving support to families of patients in the hospital, after inquiry by the Charity Organisation Society or the chaplain. The fund is disbursed by the board. One-half of balance of the Samaritan Fund is paid over to the convalescent home fund. It defrays expenses of those sent to the seaside, pays for instruments, trusses, spectacles, and glass eyes. Cases are recommended to the board by the chaplain. Todd, 12011–14. 12275–90.

169. At St. Mary's the secretary manages the Samaritan Fund. There is no absolute rule against assisting families while their relatives are in the hospital, but he had not had occasion to do it. The fund is principally used to assist to convalescence, and called the Convalescent Fund. There is a separate account for this fund. Ryan, 14689–93.

170. At the Westminster Hospital the chaplain administers the fund under a Samaritan Committee. The fund is not large enough to help families whose relations are in hospital. The money comes from subscriptions, dividends, and Quennell, 15153–6.

15137. an occasional offertory at Westminster Abbey. Subscriptions are made from the fund to one or two convalescent homes.

Waterlow, 2593. 2600. 171. At St. Bartholomew's they have 18,960 *l.* in Consols. In 1881, 1,235 persons were relieved. They assist towards or provide various kinds of clothing, pay fares, provide tools to go to work with, surgical appliances, and artificial limbs. Frequent notice is called by the treasurer to the needs of the Fund.

Dobbin, 17564. 172. At the Brompton Consumption Hospital the Samaritan Fund is called the Rose Charity Fund. From this fund washing is paid for for those who cannot afford their own, and sometimes sums of money, such as 10 *s.* or 1 *l.*, are given to patients. There is no convalescent home, but arrangements are made with the London Samaritan Society.

Nixon, 15498. 173. At University College Hospital the fund is used for making grants to poor patients. These grants are 10 *s.* or 1 *l.*, or so much per week given to the friends while the breadwinner is in hospital.

Nixon, 8313. 8321. 174. The London have a "Samaritan Society." From it poor patients are supplied with tea, sugar, and butter. Very poor patients are supplied with anything they want to go away with.

16999. 175. There is no Samaritan Society at the Metropolitan Hospital.

Wace, 18649. 176. At King's College Hospital there is a Samaritan Fund, with a capital of about 7,000 *l.*, administered by a committee.

Steele. 344. 177. There is a Samaritan Fund at Guy's Hospital. Artificial limbs and other apparatus are provided for from it.

Admission of Patients.

Letters of Admission.

Guy's.—Steele, 427.
London.—Currie, 1707–9, 1788–93, 3017, 3020, 3076–7.
St. Bartholomew's.—Clarke, 2004–5; Waterlow, 2529.
St. Thomas's.—Brass, 10664–5.
St. George's.—Todd, 11941, 11949.
Charing Cross.—Reade, 13859–61.
St. Mary's.—Ryan, 14377–9; Morris, 14813.
Westminster.—Quennell, 14879–80; Allchin, 15386.
University College.—Nixon, 15454–6, 15669.
King's College.—Wace, 18716–9; Curnow, 18935–6.
West London.—Alderson, 16637–9; Taylor, 17810, 17833–4, 17843–8; Gilbert, 20345–8.
Royal Free.—Thies, 16158.
Metropolitan.—Byers, 16749.

ackenzie, 2134.
Michelli, 16094.
Dobbin, 17357–62, 17,453, 17465; Fowler, 17724–5, 17760–7.

178. At most hospitals, though not all, the governors and subscribers have the right to give to deserving applicants letters for admission as in-patients or for treatment in the out-patient department. According, however, to the evidence received from a good many of the hospitals, the usual practice at the general hospitals appears to be to give a very slight preference to applicants bringing letters over those (and they are the vast majority) who come without them. An out-patient letter will sometimes open the way direct to the out-patient department when a person not so provided must first pass through the casualty room and take his chance of being passed on or treated summarily there. But any person whose illness is sufficiently serious appears to be considered equally in either case a proper subject for treatment. So, in regard to admission to the wards, the only privilege attaching to a letter seems to be that, where two cases are of equal gravity, the preference will be given to the recommended case; but disease, it is said, and not the recommendation of a subscriber, is the real passport of admission; and the selection of the applicants to be taken in rests practically with the officer whose duty it is to admit to the hospital (usually the house physician or surgeon).

179. It is generally understood that letters should be given only to the poor who are unable to pay the expenses of private treatment; but it is said that they are not always distributed with strict regard to this principle; and some witnesses held the use of hospitals by the subscribers for the treatment of their domestic servants to be a misuse of hospital accommodation, though it was admitted that the funds of the hospital might derive benefit from the practice. The objection made was that beds used in this way are withdrawn from the poor for whom they were intended, and that contributions given by way of charity ought not to entitle the giver to any services in return. Other witnesses were in favour of the entire abolition of letters. It was shown, however, that subscriptions were made to hospitals by Friendly Societies, Provident Institutions, Business Establishments, and notably by the Hospital Saturday Fund, with the expressed view to obtaining in return, and making full use of, letters of admission; and there seems to be no doubt that some hospitals derive a substantial part of their funds from the system of supplying these letters to subscribers.

180. Evidence

180. Evidence was given of the tendency of the poor to go from one hospital to another, as well as of the habit (mentioned later in connection with the question of the unequal distribution of hospitals) of going to a distance, attracted by the reputation of certain hospitals or some favourite doctor, or by the cure of some friends. Many patients come up from the country.

Migratory Habits of Poor
3040, 2108, 2181, 2619, 24849-51. 2799, 2809-13, 11252-3. 1763-4, 2044-6, 2452, 2606, 14096, 16029-30, 16182-4, 18951-4.

In-patients.

181. In-patients are usually taken in by the house physicians and surgeons or (where there is such an officer) by the resident medical superintendent. It was suggested, and the Committee think not altogether without reason, that there was a danger of beds being kept vacant for the reception of "interesting" cases, but witnesses from the hospitals denied that cases of urgency were rejected with that object.

Taking-in.
Steele, 296-305, 319; Waterlow, 2531, 2542-4; Walker, 11025-8; Melhado, 12574-82; Reade, 13934-8; Ryan, 14455-7; Quennell, 14937-9, 14945-6; Nixon, 15550-6; Thies, 16193-8; Byers, 16830; Michelli, 18093-5.

182. One method is for the house physicians and surgeons to admit patients by turns, each one having a ward or number of wards to which he admits; so that, during his turn for taking in, no patients are as a rule admitted to the other wards, unless the pressure for admission makes it necessary to do so. Inquiry as to the fitness of patients to receive charity is sometimes but rarely made.

Mackenzie, 9091, 9098-9, 9115-29.

Melhado, 12837-60.

183. It is not the practice of the hospitals to receive either hopeless cases (unless the symptoms are particularly urgent) nor chronic cases.

Steele, 458-9; Bennett, 4283-4; Bridges, 23331-6

184. Patients are discharged as soon as they are fit to be moved, or when it it is considered that they have received all the relief which the hospital can give, often long before they are fully cured.

Discharge.
Steele, 326, 341; Waterlow, 2530.

185. The total number of beds in the general and special hospitals in London combined was stated by Dr. Steele to be 8,500, of which 6,500 are continuously employed; but according to Mr. Burdett there are only 8,094 beds, of which 6,143 are constantly occupied; in the poor-law infirmaries and sick wards of workhouses 14,000 beds with 12,000 in continuous employment (12,445 beds in the infirmaries alone); and the Metropolitan Asylums Board has 3,505 beds for infectious cases, the average number occupied in the year 1888, being 707.

Number of Beds.
Steele, 2927.
Burdett, 25363.

idges, 23171.

186. Infectious cases (except measles) are not ordinarily admitted to the general hospitals. The Committee note that influenza had not then attracted the attention which has lately been given to it. Where a patient is found to have an infectious disease he is at once removed in an ambulance to a fever or small-pox hospital unless the case is too serious for removal, in which case he is isolated as far as possible. Typhoid cases are taken in. Some hospitals admit ordinary cases of diphtheria, while others reject patients suffering from this disease except in cases of urgency; some isolate such patients in a separate ward, others do not.

Infectious Cases.
Waterlow, 2569; Walker, 11032; Todd, 12169-73; Melhado, 12333-41; Reade 14174-6; Ryan, 14453-4; Quennell, 14947-50; Nixon, 15559-63; Thies, 16172; Michelli, 17905-6, 18203-6; Lucas, 20234-5; Gilbert, 20360.

187. King's College Hospital admits a maximum of 10 cases of scarlet fever at a time; they are not isolated, but are distributed among the wards.

Wace, 18790-3; Monk, 18909-12; Curnow, 18995-19001.

188. In regard to Lock cases the practice varies; some hospitals do not profess to admit them; others do not favour them, and take in only a small number. Altogether, there seems to be a prevalent tendency at the general hospitals to reject these cases; there are objections to their admission to the general wards, and there is not always a separate Lock ward.

Lock Cases.
2697, 2896-915, 2969-82, 9054-5, 9688, 10089-98, 11093-6, 11298-307, 12266-8, 12747-8, 14177-8, 14635-8, 15055, 15564, 15970-3, 16104, 16301, 16865, 17135, 18039-40, 18049-51, 18281, 24034-8. 1385, 10087, 16101.

Out-patients.

189. The immense increase in the importance of the out-patient departments of hospitals, and the vast numbers of persons who are now treated in them, give great prominence to this branch of the subject. Taking a few of the large general hospitals, we find that at the London, more than 100,000 out-patients are treated in the year (243,000 attendances); at St. Thomas's, 25,000; at the

Great Number of Out-patients.
Burdett, 25807.
Holmes, 671-2; Kay, 4514-5.

Nixon, 8863.

Middlesex, 38,000; at Charing Cross, 21,000; at University College, nearly 40,000; at King's College, 20,000; all these being cases of separate patients, each of whom comes, on the average, three times for treatment, and being, moreover, exclusive of many trivial cases which are not recorded, and also of lying-in cases which are treated outside the hospital. The number of out-patients treated during the year at the 11 hospitals, with schools, was estimated by one witness at over half a million. The most opposite opinions are held as to the usefulness of these departments, and as to the mode in which they are conducted.

Hardy, 971.

Objections to Out-patient Departments.

190. On the one hand it is urged,—

(1.) That the number of persons who come for treatment is so great that they cannot be properly attended, and that in consequence,

(2.) The patients are often wrongly treated, and

(3.) Are in many cases treated by unqualified students.

(4.) That the hospitals encourage large numbers to come, in order to raise funds from the public by showing a large total of cases treated.

(5.) That the hurried treatment has a bad effect on students.

(6.) That the evils of crowding and hurry are aggravated by the treatment of trivial cases which ought never to come to a hospital.

(7.) That no sufficient discrimination is used in the admission of out-patients, whereby, and that consequently,

(8.) Persons are treated free, who ought to pay,

(9.) The poor are pauperised and rendered improvident,

(10.) Provident dispensaries are stifled,

(11.) The general practitioner is both deprived of his patients, and

(12.) Is driven to reduce his fees.

191. Those, on the other hand, who uphold the efficiency and the usefulness of the out-patient department, maintain that these objections are either exaggerated or totally unfounded; that out-patient departments are of great value to the private practitioner in two ways, by affording him a ready means of obtaining a consultative opinion in a difficult case, and enabling him to send to a hospital a patient who cannot pay his fees; and that, in the interests of medical education, it is absolutely indispensable that such departments should exist.

192. Some witnesses would abolish the out-patient departments altogether, and these cite the Edinburgh hospitals, which have none; some would reform them, and there are several ways in which they propose to effect the reform; and some are content to let them go on as they are.

Montefiore, 61.

193. The views of opponents and critics, together with the evidence on the other side, may conveniently be considered under the several heads already enumerated.

Clarke, 2049–50, 2058; Mackenzie, 2176–8, 2191; Cross, 10398; Fardon, 12987 Fowler, 17728–9, 17755–7; Taylor, 17780; Armitage, 19535; Gilbert, 20375; Moore, 10621; Barker, 16016.

(1.) *Overcrowding and hurried Treatment.*—That the number of persons who come for treatment to the out-patients' rooms of some of the hospitals from time to time brings a strain on the powers of the staff to deal with them is an undoubted fact. Not only was this stated by witnesses who were avowedly hostile to the system, but it was admitted by several officers on the staff of the hospitals themselves. It seems, however, from the evidence of the latter class of witnesses, that this evil has of late been greatly mitigated by the checks (to be described later) which several of the hospitals have adopted upon the indiscriminate admission of out-patients. It was further asserted by many gentlemen in private practice, some of whom had formerly had hospital experience, that the overcrowding was such that it was impossible to give proper attention to the cases, and it was said that a single doctor would dispose of 60 cases or more in an hour. The charge of hurried treatment seems to have

Montefiore, 52; Hardy, 790, 804, 843, 854–5, 860; Bousfield, 1255, 1374; Corbyn, 3626, 3671; Dowse, 19693; Tait, 22300; Brown, 25532.

have been brought against the hospitals generally, but was especially directed against St. Bartholomew's and the London Hospital. To arrive at any conclusion on the point, it is necessary, first, to see how the out-patient department of a great hospital is worked. The plan adopted is not always the same, but in the larger hospitals the people are generally received, in the first instance, between certain hours in the casualty room where they are seen by the assistant or house physician or surgeon (who is assisted in some hospitals by one or more of the advanced students). Many of these cases are of a trivial character, and are disposed of at once. The more serious ones are not treated in this way as "casualties," but are passed on, with a ticket or letter, to the out-patient department proper, where they are seen by the assistant physicians and surgeons. It is thus possible to pass a large number of patients through the casualty room in a comparatively short time, but the work there, is to a great extent, merely that of sorting and sending on, while of the slight cases which are at once treated, many require only (it may be) a diarrhœa mixture, or a dressing which is applied under the house surgeon's direction by one of the student "dressers." In some hospitals (*e.g.*, St. Bartholomew's) the patients are first received by members of the junior assistant staff, whose duty is solely to divide them into "casualties" and "out-patients," and to forward them to the proper department for treatment, the casualties being sent to the house physicians and surgeons. This sifting process can, of course, be done very rapidly. At the Charing Cross and Westminster, and some other hospitals, patients are, during half-an-hour in the day (or other limited period) admitted direct to the out-patient department.

Steele, 450–1, 588–91; Bousfield, 1239–46, 1258, 1320–6, 1329, 1392–5; Clarke, 1948–54, 1965–74; Walker, 10960; Waterlow, 2437–40, 2463–72; Ord, 11228; Starkey, 11587; Pardon, 12989–90; Willcocks, 14293–4; Morris, 14809–11; Barlow, 15924–30; Thies, 16363–5.

Clarke, 1964–8; Owen, 12435–6.

Reade, 14159–60; Willcocks, 14289–94; Allchin, 15386; Barlow, 15937.

As incidental to the evil of overcrowding, complaints were made that patients were sometimes kept for many hours waiting before they could be attended to, but it is not easy to see how this could be avoided, and it may to some extent have the good effect of keeping away people able to pay their own doctor.

As regards the numbers actually treated by a single doctor in the out-patient department, the evidence from the hospitals themselves does not agree with these allegations of extreme haste in treatment. At Guy's, for instance, we are told that on an exceptionally busy day some 480 cases are treated, but this number includes the casualty cases which are dealt with by the resident staff; for the out-patients proper there are four doctors who are in attendance for about four hours, and of the cases treated by each of them, only about 20 are new cases. It was denied that at St. Bartholomew's anything like 60 cases were disposed of in an hour by one man. At that hospital, during six days in May, 2,356 medical cases were admitted to the casualty department, or 390 per day; they were attended to by seven doctors, and, deducting the more serious cases, which were drafted off to the out-patient department, it was estimated that three or four minutes were given on the average to each of the remainder. During 10 days, the total number of out-patients proper at St. Bartholomew's, was 769 medical (of whom 190 were new), and 449 surgical (of whom 159 were new). From the London Hospital a detailed analysis was given of the work in the out-patient department during a week in May 1890, from which it appears that new and specially reserved cases were seen on the medical side at the rate of 13 per hour: old cases 33 per hour; on the surgical side, new and reserved cases, seven per hour; old cases (many of them very trifling) 43 per hour. Sir Andrew Clark, speaking of his own experience at the "London," said that new cases would have 10 minutes or more; but, considering that the vast majority of cases were trivial, and that the patients had only to be told to continue the treatment already prescribed, it was possible, by being methodical, to dispose of a very large number in the course of an afternoon. Evidence denying that the out-patients were treated with undue haste was also received from St. George's, the Middlesex (where 100 new cases come in daily), and other hospitals, and similar testimony was given by a general practitioner.

Steele, 505–11, 2928.

Clarke, 1969–72, 2051–3, 2058–62; Moore, 10621–6; Waterlow, 2442–3.

Nixon, 8850.

Clark, 9664–5.

Holmes, 684; Owen, 12493–9; Farlon, 13017–28; Gould, 1312–40; Willcocks, 14292–3, 14312; Morris, 14820; Barker, 16016–9; Curnow, 19061; Kay, 4503.

(2.) *Mistreatment* and (3.) *Treatment by Students.*—Instances were given by several general practitioners of the alleged wrong treatment of out-patients in hospitals, both through actual mistakes being made, and through trivial cases (*e.g.* ulcers) being so carelessly attended to that they grew into serious ones. The mischief was mainly attributed to the want of a proper supervision over the students who, it was alleged, are allowed in the crowd and hurry of the out-patient room to treat patients independently of the proper medical staff. At

Hardy, 792–813, 847–8, 899–904, 920–2; Bousfield, 1327; Corbyn, 3621–6, 3715–20; Bhabha, 3964–73; Farmer, 3304–17 3322–30, 3363, 3463–4, 3494–506. Brown, 25336–40.

Currie, 1721–4; Clarke, 1975–6; Waterlow, 2435–6; Brodhurst, 4058–80 Lushington, 10110; Cross, 10397; Moore, 10619–20; Owen, 12502–4; Pardon, 13055; Barlow, 15934.

King's College Hospital slight accidents (such as cut fingers) are treated by students; but they are strictly forbidden to take more serious cases without sending for the house surgeon. Much evidence was given of the care and good treatment bestowed on out-patients, and, whatever importance be attached to the particular instances alleged to the contrary, it cannot be held that anything like general neglect was proved against the hospitals under this head.

urnow, 18955, 18960-9.

Montefiore, 111, 123-4; Hardy, 988; Farmer, 3524; Alderson, 16656; Taylor, 17790; Corner, 24821; Brown, 25542; Quennell, 14959.

(4) *Tendency to Inflate Out-patient Departments as "Bait" for Subscriptions.*—A hospital issuing an appeal to the public naturally lays stress on the amount of work it is doing; and therefore the motive for desiring to treat a large number of out-patients undoubtedly exists. Several witnesses referred in general terms to this tendency as contributing to the existing congestion; but there was little direct evidence on the subject. It was said that the temptation to attract out-patients for the sake of swelling returns is more likely to be felt in the smaller special hospitals than in the great general ones; the latter having so much difficulty in getting through the cases which crowd in for treatment, that the necessity of putting a check on their admission is much more felt than any desire of admitting more.

Montefiore, 52; Taylor, 17808; Dowse, 19693. Tait, 22209. Morris, 14817-8. Taylor, 17780-17802.

(5.) *Injurious Effect of Excessive Numbers on Training of Students.*—It is said that "an inordinate number of trivial cases wastes the time of the consultee, wearies the attention of the students, and fosters a habit of hasty diagnosis and careless observation, which tend to erroneous and inefficient treatment." Stated as a general proposition, this quotation from the report of a committee of medical men who inquired in 1870 into the administration of hospitals seems to be unanswerable. Not very much evidence was given on this point, but, in view of the numbers who are treated, it is difficult to believe that under the existing system these tendencies can be altogether avoided. The resident medical officer at the Middlesex Hospital, however, while agreeing that for the purposes of instruction it would be better to limit the number of cases, pointed out that only about a third of the casualties were sent on to the out-patient department, and that on this third alone the students attended for the purpose of receiving instruction from the hospital staff. At St. Bartholomew's also it appears that the students do not attend in the casualty department. At St. Thomas's, where the out-patients are limited in numbers, it was considered that an increase in the number would make the instruction worse.

Fardon, 13030-1.

Waterlow, 2620; Moore, 10633. Sharkey, 11914-5;

Gilbert, 20375.

Montefiore, 51; Hardy, 814; Bousfield, 1239, 1256; Currie, 1731 Clarke, 2035; Mackenzie, 2180; Fardon, 12997; Brown 25531. Read, 14011.

(6.) *Quantity of Trivial Cases.*—The majority of persons who present themselves at the out-patient department of a hospital come with trifling ailments which are quite unsuitable for hospital treatment, uselessly occupying the time and wearying the attention of the medical staff, whose best faculties are needed for cases of serious illness. It was the opinion of more than one witness that a good many people frequented the out-patient room more for the sake of conversation than of medical advice; but it was denied that, so far at least as St. Bartholomew's was concerned, there was much opportunity or inducement for practising this kind of abuse. At Guy's a refreshment bar is established. Mention was made also of a "stock bottle," containing a harmless mixture used for the benefit of that class of patients who are not satisfied to be dismissed without a dose. It was said that a great many applicants needed food and washing, but not medicine.

Taylor, 17791, 17807.

Waterlow, 2665; Steele, 398.

Brodhurst, 3391, 4048; Savill, 24399; Corner, 24838; Loch, 26117.

Bousfield, 1382-3; Farmer, 3442, 3460-1; Wallace, 21191-3.

(7.) *Want of Discrimination in Admission of Out-patients.*—It is generally agreed that the hospitals are intended for those who are too poor to pay for private medical attendance, but who are not recipients of relief under the poor law; and one witness was of opinion that the working classes themselves have a very clear idea who are fit subjects for hospital treatment. It is, however, charged against the hospitals that no sufficient means are adopted for rejecting those applicants who are not proper objects for charity. This charge is more especially directed against the administration of the out-patient departments. The extent to which the charge is true is a matter of dispute. The various methods adopted or proposed for relieving the congestion in these departments, and preventing their abuse, will be dealt with later; but as long as the out-patient system exists at all it can hardly be expected that any remedy will supply an absolute safeguard against abuse. Meanwhile, in those hospitals which

Bousfield, 1251. Montefiore, 51-9. Alderson, 16641-2. Corner, 24815-9. Brown, 25523-9. Burdett, 25807.

Steele, 586-91; Wainright, 11402; Todd, 12107; Melhado, 12858-61;

which have not adopted any special means for controlling the admission of out-patients, the evidence of the hospital authorities shows that the medical officers are expected to ascertain, by observation and inquiry, as far as they are able, the position of persons applying for treatment, with a view to rejecting those who are unsuitable. Strong opinions were expressed, chiefly by medical men practising in poor districts, who are the persons chiefly interested, that this abuse prevailed to a wide extent. The hospital authorities do not in general deny its existence, but say that it is greatly exaggerated; and believe that only a very small proportion of their patients are in a position to pay doctors' fees; many also are cases requiring the best treatment, such as they could not obtain for the low fees which they are able to pay; and some of the better class of patients are sent by their own doctors for the sake of consultation. The evils said to arise from the abuse (whether it be in fact widely spread or not), together with the evidence bearing on them, are noticed under the five remaining heads, which are in reality only different aspects of the same thing.

Fardon, 12994; Gould, 13128; Read, 14180; Ryan, 14466–8; Allchin, 15415–8; Barlow, 15938–40; Tbies, 16187–8; Dobbin, 17458–9; Gilbert, 20383–4; Cross, 22089; Newstead, 22918–9.

Steele, 324–5, 402; Waterlow, 2618, 2622; Nixon, 8865; Clark, 9666, 9689–90; Moore, 10629; Ord, 11236; Wainright, 11403; Sharkey, 11905; Todd, 11975, 12260; Clutton, 12327; Fardon, 12997; Reade, 14184; Willcocks, 14317; Ryan, 14472; Morris, 14827; Quennell, 14962; Allchin, 15392; Dent, 15432; Barlow, 15961–3; Tbies, 16351–3; Calvert, 16547, 16558; Dobbin, 17465–7; Fowler, 17738; Curnow, 18945; Lucas, 20205; Newstead, 22955; Burdett, 25841; Nixon, 15670–7; Bury, 16628–30.

(8) *Persons treated Free who ought to Pay.*—Cases were cited of persons in good circumstances applying for and obtaining free treatment. A committee of medical men, some 20 years ago, estimated that a fourth of the out-patients could pay for private advice, and half could join provident dispensaries. Instances were given of the admission of domestic servants; of private patients who stated that they had been treated at a hospital; of persons assuming a poorer dress in order to gain admission; of persons in affluent circumstances applying for treatment, of persons so applying in order to save a consultation fee. The assistant surgeon of St. Bartholomew's said that doctors who are getting 5 *s.* a visit or more very often find that their patients go to the hospital. But, as stated above, a great deal of evidence was forthcoming to the effect that this kind of abuse was rare.

Montefiore, 59; Hardy, 941; Bousfield, 1313–4, 1347; Clarke, 2006; Farmer, 3292; Bbabha, 3840, 3872, 3883–8; Brodburst, 4056; Bennett, 4254–6; Kay, 4474–6; Allchin, 15394; Dowse, 19690; James, 21838; Brown, 25523–35, 25541, 25566, 25572–4, 25626; Dawson, 25635–7.

(9.) *The Poor Pauperised.*—Sir E. Hay Currie was of opinion that "the first thing that makes a man a pauper, so to speak, or makes him realise that he can get something for nothing, is the ease with which he gets medical relief." In this condemnation of free treatment, he included not only the hospitals, but also the free medical order under the poor law, since the latter does not involve any loss of the parliamentary franchise. Other witnesses took a similar view, but the opposite opinion was also held, that the free medical treatment kept a very large number of persons in time of sickness off the parish, and thus saved them from pauperism. It was also said that the system of inquiry adopted at some hospitals, by eliminating unsuitable cases, puts a stop to any pauperising tendency; but this argument is not convincing, because the residuum left after the process of elimination is just the class that is said to be pauperised. At all events, the out-patient departments would seem very largely to relieve the poor law, since the whole number of persons treated under the poor law at dispensaries and at their own homes does not equal the number of out-patients passing through the London Hospital alone.

Currie, 1766–9; Mackenzie, 2151; Farmer, 3273; Corbyn, 3704; Bbabha, 3954; Kay, 4513; Fardon, 13033–4, 13053; Gould, 13127; Nixon, 15698–702 Dowse, 19722; Ryan, 21413–9; Loch, 26145–6.

Waterlow, 2415, 2323.

Mackenzie, 9178–80.

Burdett, 25807.

(10.) *Provident Dispensaries Stifled.*—It is stated that provident dispensaries do not flourish in the neighbourhood of the general hospitals. The decay of the Marylebone Provident Dispensary, the oldest institution of the kind in London, and formerly a flourishing one, was declared to be simultaneous with the growth of the out-patient departments of the Middlesex and University College Hospitals. Conversely, the opinion was expressed that where the out-patients of a hospital are reduced, there provident institutions are sure to spring up. As an instance of the good effect of such an institution where it has free play, the provident dispensary founded in 1880, at Lewisham, may be cited. The Charity Organisation Society at that place used formerly to give to applicants letters for treatment at the Royal Kent Dispensary, a free institution. Since 1881, in which year 51 of these letters were given, the number steadily diminished, till in 1888 there was not one. Evidence on the other side, showing that provident dispensaries can and do in some cases flourish in the neighbourhood of hospitals, was of a less positive character; but one witness thought that a hospital where a strict limit was put on the number of out-patients did not interfere with the provident dispensary at all.

Montefiore, 59, 83, 171; Holmes, 770; Hardy, 875–6; Bousfield, 1248, 1330, 1455, 1466 Currie, 3124.

Lushington, 10017–22; Todd, 12104; Curnow, 1910.

Dent, 15426.

(11.) *General Practitioners Deprived of their Patients.*—A number of medical men in practice in the poorer disiricts were examined on this point, and were almost unanimous in holding a very strong opinion of the injury caused to their class by what they considered the unfair competition of the hospitals, and

Bousfield, 1259; Woods, 1553, 1607–8, 1680; Farmer, 3277, Corbyn, 3755–8; Bbabha, 3828–30, 3958; Bennett, 4244–6; Kay, 4474–8, 4504–5, 4530–4; Alderson, 16640–5 Taylor, 17805–4;

Kay, 4611-2, 4625; Dowse, 19689-91; Wallace, 21136; Corner, 24815-9. Waterlow, 2009-11; Mackenzie, 2192; Currie, 3111.

Bennett, 4294-6.

this view was held in a modified degree by other witnesses not directly interested. As regards the precise extent of the grievance, or the point at which any competition on the part of the hospitals became unfair, there was less unanimity. Those who held that a person able to pay a small fee to a private doctor had no right under any circumstances to receive treatment, or, at all events, out-patient treatment, in a hospital were met by the objection that such a person might be in need of very special skill or experience, and of such advice as only a hospital or an eminent consulting physician could offer. The suggestion was made that ordinary cases should cease to be treated in out-patient departments, which should be used solely for consultative purposes, or for the treatment of serious cases sent on by private practitioners; the evidence touching this point is mentioned more fully below; but here it may be observed that there was some apprehension in the hospitals lest a feeling of jealousy might, to some extent at least, check the flow from the private practitioners to the hospital of those serious cases which needed special treatment. So far as the medical practitioners are concerned, this limited use of the out-patient department would probably remove their grievance; but the hospitals would still be needed for those who are really too poor to pay private fees, unless, indeed, this class is to be wholly relegated to the provident and poor law dispensaries. And, as already mentioned under (7.), the hospitals deny that they treat any but a small minority of patients who could pay private fees.

Cheadle, 20315, Mackenzie, 2352-4.

Farmer, 3271-2; Corbyn, 3609, 3738, 3744-5; Bhabha, 3834, 3864; Kay, 4545-7, 4632-8; Alderson, 16648-50, 16673; Sandiland, 19741-76; Locke, 19790-801; Wallace, 21202-6, 21255, 21278; Corner, 24823; Brown, 25550, 25590.

(12.) "*Sweating*" *of General Practitioners' Fees.*—The competition of free treatment would naturally tend to drive down the fees of the private practitioners; and this was stated to be an urgent evil, and one which has been going on for 10 or 15 years. But the hostility to the indiscriminate free treatment alleged to be given by the hospitals was less strong than the hostility expressed by some to the provident, and more especially the "part-pay" systems. The line of argument seems to be this:—"Of two things, one; either let there be charity, pure and simple, so that the receiver knows what it is before he descends to accept it; or else let people pay for what they get; but do not mix up the principles of charity and of self-support, so that a person believes himself to be supplying his own needs out of his own earnings, when all the time he is really more than half a pauper." This is no argument against the provident system when it is properly carried out and pays its way; but one of the chief objects of attack was the out-patient department of the Metropolitan Hospital, in which the provident system has, but it is said only partially, been applied. On the part of the hospital it was admitted that the system did not at present pay, but this, it was said, was, as regards the future, merely a question whether enough subscribers joined;* the number was growing, but must increase much more before the experiment could be pronounced a success. In the meanwhile no doubt it was kept up out of the charitable resources of the hospital; but it was impossible that a venture of this kind should at once be financially successful; as regards the grievance of the private practitioners it was urged that only the very poor were admitted to the provident department of the hospital, and that the hospital, therefore, was not bringing down to a lower level the class which ought to seek private medical advice, but was operating to raise from pauperism that lower class which would otherwise depend solely on the free treatment offered by charity or the poor law.

Montefiore, 58.

Bennett, 4322-35.

Kay, 4571-5, 4582, 4611-2.

Dowse, 19693.

Currie, 1760, 1852-86, 1900-21, 3140; Byers, 16746, 16902; Goodsall, 16954-8; Lucas, 20204.

The promoters of the scheme fully admitted an obligation to avoid injuring the medical man, and were confident that, with the wage limit which they insisted on, their object was attained. It does not appear that the scale fixed for subscriptions is too low to pay the expenses, provided that there are sufficient subscribers; and therefore, whatever truth (if any) there may be in the allegation that the system tends to drive down private fees, it is not clear that the objection on principle to "part pay" holds altogether good against the Metropolitan Hospital; though it might be, and in fact was, argued that the application of a part of the general funds of the hospital to make good the deficits of the provident department during its period of probation, is a misuse of those funds, and a fraud on those who subscribe them. The local antagonism

* The secretary of the hospital, however, did not appear to regard the institution as being in principle self-supporting (Byers, 16770).

gonism to this hospital seems to have been partly at least due to the employment of medical men from a distance on the staff, instead of local men. Wallace, 21304–10.

The system of "part pay" is very common in the special hospitals; Guy's also has adopted it for out-patients, who are invited to contribute something towards the cost of their medicine; but in the general hospitals, which are the chief object of the private practitioner's attack, it is not commonly in use. The upholders of the system urge that it is better for the poor to pay something, if they can afford it, however small, than to pay nothing at all; such payments are good morally for the poor, and good materially for the hospitals, whose financial difficulties might to a great extent be removed by them. It was denied, nor does there seem to be any strong evidence, that in the "part-pay" hospitals the free patients were worse treated than the paying ones. In its effect upon private practice, however, it seems impossible to doubt that, unless great care is taken to exclude all but the very poor, this system, so far as it goes, must tend to force down private fees; and the more so if it is true, as alleged, that the poor do not in general appreciate the distinction between paying part and paying the whole, so that, however small the payment is, they imagine themselves to be giving the price of what they receive. According to one view, however, the part-pay system acts as a protection to the local doctor, inasmuch as a patient, if he has to pay in either case, will rather go to his own doctor than go through the discomfort and delay of waiting in the out-patient room of a hospital. Montefiore, 1510. Brown, 3782–3, 3793–4, 4663–4, 4693; Byers, 16773. Waterlow, 2781. Wallace, 21203–8. Kay, 4545–7. Mackenzie, 2280.

194. The evils alleged to exist under this head were by some witnesses charged in particular against the special hospitals, where the part-pay system is most prevalent, and where at the same time the greatest want of discrimination is shown in the admission of patients. But a witness from a special hospital thought that the general practitioners favoured his hospital because it did not offer free treatment. Farmer, 3577–86; Bhabha, 3831–4, 3924–8, 3940; Allchin, 15405. Forbes, 22607–9.

195. To complete the picture drawn by the more extreme opponents of the hospitals, we are told that the general practitioner, impoverished by the loss of his patients and the reduction of his fees, deteriorates in capacity and in character, sets up private dispensaries which he works with the aid of unqualified assistants, and is driven to every shift for obtaining a scanty livelihood. He suffers, his patients suffer, the poor are pauperised, and the public who subscribe their money to the hospitals are defrauded. Farmer, 3273, 3362, 3459; Bhabha, 3865, 3959; Kay, 4538, 4541, 4587–617 Alderson, 16646–7.

196. As regards the actual fees charged by general practitioners in the poorer districts, some particulars were given in evidence. Payments are commonly made on a higher or lower scale, according to the circumstances of the patient. Some witnesses mentioned a shilling as their lowest fee, and a guinea for confinements; and thought that people who could not pay that ought to be treated for nothing at a hospital; but it appears that there are doctors who will pay three visits and provide medicine for a shilling. A man with a family, who would pay a shilling for a doctor's fee, would it was thought be earning at least 30 *s.* a week. Woods, 1549–51; Corbyn, 695. Montefiore, 110. Corbyn, 3762–4.

197. A witness practising in South London stated that the fees in that district ranged from 2 *s.* upwards. In the East-end it was said that a good living could be made at the rate of a shilling for a bottle of medicine and consultation in the surgery, and 1 *s.* 6 *d.* for a visit to the patient's home and medicine; but it was said that some men would open dispensaries and take sixpenny fees, to the great injury of their brother practitioners, and to the risk of their patient's health. Bhabha, 3892–4. Kay, 4502. Kay, 4538–40.

198. A witness from the West of London regretted that there was no fixed code of fees; this witness also complained that his practice was injured by the out-patient department, though his lowest usual charge was 3 *s.* 6 *d.* or 5 *s.* a visit, including medicine. Alderson, 16646–50, 16665.

199. Another witness stated that in a working class and middle class district in North London the fees were 2 *s.* and 2*s.* 6 *d.* for the working classes; but that of late, in consequence of the increase of hospitals and dispensaries, doctors had been driven to take 1 *s.* and 1 *s.* 6 *d.*, some even taking 6 *d.* Brown, 25543–4, 25550.

200. A witness, whose practice lay in the neighbourhood of St. Bartholomew's, Dawson, 25643.

stated that his average fee was 2 *s.* 6 *d.*; the very lowest fee he would take would be 1 *s.* with a bottle of medicine.

Clark, 9693.

Calvert, 16558; Barry, 16591.

Corbyn, 3746.

Thomson, 4380-3.

Clutton, 12297-8, 12323-8; Whipham, 12418-9.

Gould, 13134-6; Reade, 14186-90; Curnow, 19015-6; Browne, 4698.

Fardon, 13003-4; Willcocks, 14320-5; Allchin, 15385-8; Barlow, 15948; Barker, 16023-8; Fowler, 17741.

201. That many members of the medical profession are scarcely able to earn a living is not disputed; but how far this fact is due to the action of the hospitals, and how far to other causes seems less certain. One general practitioner admitted that the existing low scale of fees was due in part to the overcrowded state of the profession. Another did not believe that the free or part-pay hospitals interfered with general practice. At St. Thomas's the experience was that the general practitioners were not anxious to retain surgical cases, but were glad to send them on to the hospitals; and it was thought that the general practitioners in the neighbourhood would be sorry to see the out-patient department closed. Similar evidence was given from other hospitals, and a witness expressed the opinion that the practitioners who were injured by the hospitals were not those whom it was generally desirable to protect.

202. It remains to consider the remedies proposed for the removal of the abuses and shortcomings alleged against the out-patient departments.

Proposal to abolish out-patient department.
Holmes, 748; Montefiore, 60; Hardy, 867-9, 942 Farmer, 3357-60, 3483; Kay, 4511; Corbyn, 3648-54, 3705; Brodhurst, 3991, 4053; Burdett, 25807, 25826-40.

Currie, 1757; Bhabha, 3910. Brodhurst, 4119-22; Orde, 11241; Tait, 22299.

Kay, 4506; Holmes, 670-1; Hardy, 941-2; Corbyn, 3648.

Bhabha, 3955; Bousfield, 1328.

203. Some few witnesses would appear to favour a clean sweep being made of the whole existing system, so as to confine the hospitals solely to the treatment of in-patients. Those, however, who advocated the closing of the out-patient department to general patients, admitted, for the most part, that the hospitals ought to provide for cases of real urgency and for cases recommended by medical men for hospital advice or treatment. These cases would, in their opinion, provide sufficient material for the instruction of the students; and the residue of patients who could not pay for private treatment would be relieved at the provident dispensaries,* or under the Poor Law. This was the solution proposed, not only by the general practitioners, but also by some advocates of the provident system; while others, again, among both these classes, went a step further in concession, and thought the hospitals should still open their doors to the very poor.

Importance of out-patient department to medical school.
Steele, 404; Mackenzie, 9172; Clark, 9662-3; Moore, 10632; Owen, 12505; Fardon, 13002; Willcocks, 14307; Gould, 14854; Allchin, 15389; Dent, 15435, 15451; Barlow, 15942-4; Barker, 16021-2; Fowler, 17746.

204. The suggestion that it might be expedient to shut up the out-patient departments was rejected with unanimity by all the medical witnesses coming from hospitals having schools attached to them. The out-patient department, they said, was of the utmost importance, for the sake of the training it afforded their students. Some eminent hospital physicians were inclined to think that the experience gained in the out-patient room, where the student sees the beginnings of disease, is the most valuable portion of his training, and that the shutting up of this department would be a calamity to the public and disastrous to the art of medicine.

Waterlow, 2620-1, 2667-9; Browne, 3791; Brodhurst, 4047, 4053, 4082; Anderson, 16527-9; Calvert, 16554-5; Loch, 26112. Holmes, 669-73, 690; Hardy, 929-30; Bousfield, 1259, 1308-18, 1328, 1367; Farmer, 3352-3, 3361; Corbyn, 3657, 3674-7; Thomson, 4349-58; Burdett, 25829. Bousfield, 1259; Waterlow, 2714; Mackenzie, 2187, 2352-4; Brodhurst, 4082; Farmer, 3350; James, 21646-8; Faulkner, 21981.

Tait, 22299.

205. That medical students must have an opportunity, in some way, of studying the phases of disease which are seen in the out-patient rooms was admitted on all sides.† The abolitionists (partial or total) thought that this was merely an affair of organisation, and that the needs of the medical schools would be satisfied either by the cases which would filter through to the hospitals from the private practitioner, or by an arrangement which should give the students access to the provident and poor-law dispensaries. and through them (a point declared to be of much importance) to the sick poor in their own homes. It is evident, however, that the hospitals look with much distrust on the efficacy, from their point of view, of the "filtering" process; and are afraid that the cases which would be the most useful for teaching purposes would not reach them, or would reach them in insufficient number.

Currie, 1729, 1766.

206. The proposal that dispensaries should be brought into co-operation with hospitals by some arrangement of affiliation, and should in this way take the

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* The question of provident dispensaries is discussed separately.

† Sir M. Mackenzie appeared to attach little importance to the teaching in the out-patient department; but this opinion was opposed to the great mass of the evidence (Mackenzie, 2186, 2298-9).

the place of the out-patient department, is mentioned elsewhere;* it received some favour as a general theory, but it was objected that hitherto the provident dispensary system had not gained much ground, and was quite inadequate to supply the material necessary for the medical schools. It is difficult, however, to see how the provident system is ever to prosper, unless the hospitals will enable it to do so. It seems that at Edinburgh, where the hospitals have no out-patient department, the students acquire a portion of their training in the dispensaries; but a doubt was expressed whether this would ever be found a convenient arrangement, except in a partial degree, in London.

Bousfield, 1333; Mackenzie, 2188, 2279. Lucas, 20204.

Lock, 26111-4.

207. Various proposals were made for the reform, as distinct from the abolition (whether with or without a reservation for medically-recommended cases), of the out-patient department, the objects in view being to restrict the admission to those who were proper objects of charity, and to prevent overcrowding. Except in those hospitals which have adopted special measures, the only checks upon an applicant who is not palpably an unsuitable case for free treatment, are the limited time during which the doors of admission are open, and the delay and discomfort which he may have to suffer in the waiting-room before his turn comes for treatment. The means which some of the hospitals have adopted for relieving the pressure, are of three kinds, viz., a special system of inquiry into the circumstances of applicants; a daily limitation on the number of new cases; and the making of a small charge for drugs.

Suggestions for reform.

208. *Limitation by inquiry as to fitness for Admission.*—This system has been adopted at King's College, St. Bartholomew's, the London, and some other hospitals. At King's College it was instituted in 1876. An officer was specially appointed to take down the names and addresses, and to ask certain questions of the applicants as they came in; then, if he saw occasion, reference was made to the Charity Organisation Society. As a matter of fact, not many cases were so referred; but the mere knowledge that inquiry was made is said to have greatly reduced the numbers. We are told that in 1871 there were 33,111 out-patients; in 1875, 28,232; in 1876, 21,346; in 1880, 14,069. Since then they have again been on the increase, and the number in 1889 was 18,916, including casualty patients; the latter class, as distinct from out-patients proper, appears to have largely increased in numbers. This system is still in force. Patients, however, are not refused first treatment, but are informed (where it is thought desirable) that inquiry will be made.

Bousfield, 1245–54, 1495; Curnow, 18941-7.

Waterlow, 2446–50, 2460.

209. At the London Hospital (since 1884) and St. Bartholomew's (since 1883) the system is similar; but at the London it applies only to the out-patients admitted by governors' letters and not to the casualties (at King's College and St. Bartholomew's it applies to both classes). Out of 22,000 cases at the London, it is said that inquiries were made in about 800. At St. Bartholomew's mention was made of 30 persons being challenged in a day; 14,000 were questioned in a year; and 357 were visited at their own homes. Returns were put in of the inquiries made at these hospitals (Appendix G). Sir E. Hay Currie (a strong supporter of the provident system) had no great belief in the efficacy of this system of inquiry. Sir S. Waterlow, on the other hand, speaking of St. Bartholomew's, expressed himself as thoroughly satisfied with the system, and believed that the knowledge of its existence kept many unsuitable people away. But it does not seem to have been proved that the total number of applications had been greatly diminished. One effect of the inquiries is to show how many apparently unfit cases are in reality among those most in need of charitable relief. Evidence as to the working of the system in detail was given by Mr. Nixon, the house governor of the London Hospital, and his opinion was strongly favourable to its efficacy. At each of these hospitals the work of inquiry is performed by a single officer, who has a salary of about 150 *l.* Some other hospitals, without having a special officer for the purpose, seem to inquire more or less systematically into the circumstances of their patients, and recourse is had, in some cases (especially by St. George's), to the Charity Organisation Society. The opinion was expressed that the ordinary staff of the hospital should be quite competent to make the necessary investigations without the aid of a special officer; and that

London.—Currie, 1696–1706, 1770–Nixon, 8842–5, 8859–69; Clark, 9691; Nixon, 8852.

St. Bartholomew's.—Clarke, 1991–5; Waterlow, 2446–50, 2459–62, 2671–4 2686, 2727–37; Cross, 10382–8, 10487–8; Moore, 10630–1.

Mackenzie, 2129; Todd, 12107; Owen, 12435–7; Ryan, 14466–72, 14579; Thies, 16187–8. Dent, 15451; Gilbert, 20529–31.

* *See* under heading "Dispensaries."

that the appointment of such an officer would have little effect, and would be, in fact, a useless expense.

Bousfield, 1494; Farmer, 3431-6 Corbyn, 3723-30; Bhabha, 3845-6, 3851-6, 3914-5; Wallace, 21200, 21275; Corner, 24820, 24838-40, 24852-6 24870-4; Taylor, 17853. Montefiore, 228; Loch, 26055-6 26125. Farmer, 3440-1; Corbyn, 3687-8; Bhabha, 3908-14; Brown, 25529-30; Burdett, 25818-25; Barlow, 15564-5. Lucas, 20207-14; Farmer, 3522-4. Mackenzie, 2182-4.

210. Several general practitioners and others spoke in favour of the special-inquiry system, of its good effect at the London Hospital, and of the good use which can be made of the Charity Organisation Society for this purpose; and this society was itself in favour of the general adoption of the system. As a further development of it, the proposal was made that every applicant should be required to bring with him some written recommendation, as a guarantee that he was a proper object of charity. At the Great Ormond-street Hospital for Children, and elsewhere, this plan seems to have been tried, but given up; and mention was made of the great difficulty of effectively working any general system of inquiry.

Steele, 396-7; Loch, 26095.

Goodsall, 16942; Dowse, 19693.

211. *Payment from Patients.*—This plan, which is in force at Guy's, and has been noticed in connection with the organisation of that hospital, was effective for a time in keeping down the numbers; but they increased again to such an extent that a system of limitation has been adopted in addition to the payment system. At the West End Hospital for Paralysis and Epilepsy it is found that both out-patients and in-patients are not unfrequently willing to make some payment. At St. Peter's Hospital for Stone, the out-patient department is more than self-supporting.

Johnson, 21934; Hincks, 20980; Mercer, 19139-42; Scott, 19850-1, 19813, 19896, 19905.

212. *Limitation of Numbers.*—The most effectual check on overcrowding has been found in the plan of taking in no more than a certain limited number of new cases every day. Several hospitals apply this check; but it is not always worked in quite the same way. At Guy's, for instance, it appears to apply both to out-patients proper and also to "casuals," so that, if 60 persons apply for treatment on the medical side, 20 will be sent to the out-patient department, 20 will receive cards to be seen by the house physician, and the remaining 20 will be sent away unless any of them are in need of immediate treatment, in which case the rule is relaxed in their favour.

Steele, 397-401, 405, 424-6, 450-2; Hardy, 998.

Holmes, 677; Todd, 12105-9; Owen, 12435-56, 12466; Dent, 15434.

213. At St. George's the limit is 15 medical and 15 surgical new cases per day, but other cases, if urgent, are treated by the house physicians and surgeons, irrespective of this limit, which refers to the out-patients proper. The selected cases are examined as to their circumstances by a clerk.

Sharkey, 11887-901, 11909-13, 1193.

214. At St. Thomas's there is a similar limit. On the medical side, the number is nominally 20, but with the margin allowed for urgent cases it rises to about 23. The daily average of applicants during 1890 was 51; of the 28 not selected, about 14 would be treated as casuals, and given medicine for two days; the remainder would be dismissed. The evidence from the medical staff was, that the system worked well, and that no system of special inquiry was needed.

Quennell, 14951-2; Allchin, 15386.

215. At the Westminster no out-patient officer is obliged to see more than 20 new cases a day; but this rule is not strictly enforced.

Thies, 16185-7, 16355-9.

216. At the Royal Free Hospital there is a limit of 25 surgical, and 30 medical, new cases.

Pardon, 13035; Taylor 17822-4, 17853-4. Alderson, 16656, 16674-6; Dowse, 19693, 19697, 19713. Loch, 26095-6.

217. Opinions favourable to this system were expressed by medical officers at some other hospitals where it has not been adopted, and also by outside practitioners, and by the secretary of the Charity Organisation Society.

Reade, 14013-5, 14096; Wilcocks, 14295.

218. At the Charing Cross Hospital there is no limit of numbers, and it was said that no difficulty is felt.

Relief of out-patient department through provident dispensaries.

Tait, 22299; Hardy, 941-1; Bousfield, 1328.

219. As already mentioned, one scheme of reform provides for the relief of the out-patient departments by the development of the system of provident dispensaries; but the advocates of that system do not seem to be agreed whether the out-patient departments should be altogether closed (except to recommended cases), or whether their doors should be still open to a class between the provident dispensary and the poor law. It is evident that the latter alternative does not provide an escape from the difficulty of discriminating between different classes and phases of poverty; and would necessitate a very efficient system of inquiry, unless the proposal were adopted of making every applicant bring evidence of his necessity with him.

Bousfield, 1494; Farmer, 3440.

220. At

220. At the Metropolitan Hospital, where the provident system is in operation, it is said that the number of out-patients is kept within reasonable limits. Goodsall, 16942–3

221. One witness considered that it ought to be the duty of the medical staff rigidly to exclude all cases not really needing special hospital treatment, and another would enforce the purging of the out patient department by means of government inspection and control. Tait, 2283. Hardy, 1038-40.

222. The secretary of the Charity Organisation Society advocated both limitation of number, and also investigation of cases, the investigation to be conducted by an almoner who should be an officer of experience in charitable work. Loch, 26095–125.

223. A good many witnesses, among those who did not propose altogether to close the out-patient department to general patients, were in favour of its being used in an increasing degree for consultation purposes. The utility of the hospital for consultation was, in fact, very generally assented to, as was also the desirability of keeping down the number of trivial cases treated at a hospital; but upon the questions whether a letter from a doctor should be the sole passport for admission, and whether the hospital, having once seen and prescribed for the patient, might go on treating him, or must forthwith send him back to his proper doctor or dispensary, there was less unanimity. Out-patients, it was said, should, as in France and in Scotland, receive advice and a prescription, but not as a rule drugs; and it seems that some would have the hospitals receive for treatment (as distinct from advice) only those cases sent for that purpose by a private practitioner or from a dispensary. Use of out-patient department for consultation. Holmes, 685, 743–50, 764–6; Bousfield, 1494; Currie, 1757–9; Bhabha, 3835; Thomson, 4358; Kay, 4534; Ord, 11236–51; Taylor, 17856; Brown, 25553; Alderson, 16679. Montefiore, 228; Hardy, 1219. Hardy, 891, 910, 933–40, 961–3, 1037; Farmer, 3350–2, 3437–8.

224. Others, while advocating the use of the doctor's letter as a passport to the out-patient room, hold that this principle must not be pressed to the point of excluding the very poor who cannot pay for treatment, or of depriving the hospitals of cases necessary for their schools. Bousfield, 1263, 1328; Moore, 10636–6*; Tait, 22299, 22373.

225. Mention has already been made of the feeling in the hospitals that they would not get a sufficient supply of cases through the private practitioners. The out-patient department is already consultative to a considerable extent, and several witnesses doubted whether it could be made much more so than it is now. Waterlow, 2715; Mackenzie, 9173; Clutton 12298–301; Whipham, 12419; Fardon, 13003–7; Gould, 13134–6; Reade, 14182–3; Willcocks 14315; Morris, 14826; Allchin, 15397–8; Dent, 15441–4; Nixon, 15477–9; Barlow, 15946–8; Barker, 16024–8, 16036; Calvert, 16556–7, 16585; Curnow, 1914–6.

226. Questions were asked as regards the opening of out-patient departments in the evenings. The advantage to the poor of such an arrangement was recognised; but most witnesses from the hospitals regarded it as hardly practicable to secure the attendance of the medical staff at that time. At the provident out-patient department of the Metropolitan Hospital, there is evening attendance; also at the Lock Hospital, where it seems to have largely increased the number of applicants. The managers of the Saturday Fund attach importance to it; and it is one of the objects of the Fund to promote it. A general practitioner expressed himself as much opposed to it on the ground that it would crush out private practice. Question of evening attendance. Bousfield, 1451–3; Currie, 1727; Clark, 1996–9; Ord, 11258–9; Armitage, 19535–9. Currie, 1846; Byers, 16742; Coote, 17061, 18329–30. Acland, 22818, 22841. Brown, 25552.

227. The want of sufficient accommodation for out-patients is an inconvenience which under existing circumstances is much felt at some hospitals. At St. George's, which appears to have been among those worst off in this respect, the accommodation is now being enlarged. Insufficient accommodation for out-patients. Clutton, 12329–35, 12457–9; Dent, 15445–7; Melhado, 12780–3; Gould, 13124–6; Morris, 14817–21.

Paying-Patients, and Contributions from the Poor.

228. The great majority of the general hospitals are absolutely free; no payment being taken either from out-patients or in-patients. As regards out-patients, Guy's, and a few general hospitals without schools, which require a small payment in ordinary cases of 3 *d.* or 6 *d.* to meet the cost of drugs, a requirement, however, which is not insisted on where the patient appears to be too poor, seem to be the only exceptions. The only thing generally asked of out-patients is that they should provide their own bottles for medicine.

229. The beds are also as a general rule quite free, the paying beds at St. Thomas's and Guy's being an innovation introduced to meet the financial difficulties of these hospitals.*

Steele, 337.

230. In many hospitals boxes are put up into which patients and their friends can, if they please, drop their contributions. In a few cases it seems that the habit is to call the attention of the patients to these boxes before they are discharged, and to suggest the propriety of their contributing something to the support of an institution which has befriended them, but in general no such request is made; sometimes patients wish to make a direct contribution to the expenses of their maintenance; but this is always refused. The objections to "part-pay" have been mentioned in connection with the grievances and proposed reforms in the out-patient department. But there appears to be a strong feeling on the other side that the poor who benefit by the hospitals ought to contribute according to their means to their support. This view is held both as a matter of principle (and is indeed the leading principle of the Hospital Saturday Fund), and as a matter of expediency, for it is said that if the hospitals would encourage their patients to help them this source alone would go far to remove their financial difficulties, which at the present time are in some cases great and (it is said) increasing. Help from this source is already forthcoming to a not inconsiderable extent, if the special hospitals and the dispensaries and convalescent homes be included in the account; the total charitable income of these institutions for 1889 being estimated at 300,000 *l.*, proprietary income 120,000 *l.*, and payments by patients 45,000 *l.* The share of the general hospitals in the last item would doubtless be very small. The Middlesex Hospital, we are told, derives from 20 *l.* to 30 *l.* a year from this source; the Royal Free, 20 *l.* Sir E. Hay Currie, speaking of the provident system in the out-patient department of the Metropolitan Hospital, the income of which was in 1890 about 800 *l.*, expressed the opinion that the hospitals could if they chose collect from their patients the balance of money required for their support.

Steele, 465; Mackenzie, 2338–9; Brown, 3793–4, 3793–4, 3798, 4698; Thomson, 4378–81; Byers, 16887–8; Faulkner, 22004.

Acland, 22841.

Buxton, 8748.

Waterlow, 2769–70.

Melhado, 12849; Thies, 16437–9.

Currie, 1875.

231. Upon the question whether the general adoption of this course would check the flow of subscriptions, one witness at least said he did not think it would.

Mackenzie, 2136.
Goodsall, 16993.
Lucas, 20253.

232. It must be observed that an impression is said to prevail amongst working men that their individual subscriptions, and the contributions which they make through their provident societies and the Saturday Fund entitle them to use the hospitals as a right.

Acland, 22838: Burdett, 25805.

Montefiore, 1518.

233. The system of admitting paying-patients at St. Thomas's and Guy's is referred to in connection with the organisation of those hospitals. The principle of payment was supported, according to their respective methods, by the supporters of the provident and part-pay systems. A danger to be guarded against is lest paying-patients should crowd out, or have a preference over, the poor; and the possibility of its being thought that paying-patients or patients paying on a higher scale were better cared for than those who paid nothing or paid less, was mentioned as another objection.

Thompson, 4377–82.

Currie, 3151; Mackenzie, 2120–3; Waterlow, 2708, 2781, 2825–7; Corbyn, 3739–41, 3748–9. Bousfield, 1390–1.

Lennox Browne, 3784–5.

234. The objection of some general practitioners to the system of payment by patients in the wards was similar to their objection to it in the out-patient department. One witness thought that the paying-beds had injured the profession more than the out-patient department. When witnesses of this class were questioned as to the case of persons able to pay for their ordinary medical treatment, but unable to meet the cost of a serious and expensive operation, and the special treatment and nursing requisite in such a case, it was generally admitted that a hospital was sometimes the proper place for such persons; but objection was still taken to any direct payment being made for services rendered; the proper course, it was suggested, was for the patient to make a gift in the nature of a thank-offering in return for the charity freely accorded him.

Farmer, 3546–9; Bennett, 4260–3, 4289–91; Kay, 4539–86, 4630–40. Corbyn, 3742. Brodhurst, 3991; Dowse, 19688.

Bennett, 4292–300, 4307–11, 4322–35.

235. Another

* It was said by one witness that five out of the 11 hospitals with medical schools now admit paying-patients (Burdett, 25849), and the pay system is said to be on the increase (25842, 25849.)

235. Another witness, connected with a children's hospital, was strongly in favour of the establishment of a paying ward, on the ground that the very poor are well provided for, and the rich can take care of themselves, but no sufficient provision is available for the lower middle class, who can pay something, but not the full cost of the best private treatment. Cheadle, 20310-2.

236. Another witness spoke in praise of the American system, the principle of which appears to be that everyone's circumstances should be inquired into, and that he should be called upon to pay according to his means; the system being worked by a committee of visitors, some of whom are constantly on the spot investigating the cases. In the Swedish hospitals it seems that no one is treated free; each patient being charged upon a scale appropriate to his means, and the pauper being paid for by the poor law authorities. Burdett, 25818-27, 25842-60.

237. Another suggestion was that there should be a separate class of "home" hospitals for the reception of persons of moderate private means, who are now obliged in some cases to seek admission to the general hospitals. Such an establishment has been open for some years in Fitzroy-square; the patients employing their own doctor, and paying three guineas a week, which includes everything except doctors' fees; and there are other similar institutions. Brown, 25592; Burdett, 25842-9; Loch, 26162-4. Browne, 3785.

Unequal Distribution of Hospitals.

238. Evidence was given showing in detail the congestion of hospitals and dispensaries in some parts of London, and their comparative scarcity in other parts. Within a radius of a mile from the Middlesex Hospital, for example, there are stated to be eight general and 26 special hospitals, with an aggregate of about 2,050 beds, and seven general and six special dispensaries; all these being in addition to the provision made for the sick poor under the Poor Law.* All the hospitals in London, with very few exceptions, are said to lie within an area of about two miles square. Montefiore, 47, 171; Fardon, 12960-86; Brown, 25578; Burdett, 25772. Currie, 3000.

239. On the south side of the river, St. Thomas's and Guy's are the only general hospitals, neither of which is at present open to its full extent for patients (the Miller Memorial at Greenwich is the nucleus of a third); and the deficiency of hospital accommodation for that part of London was strongly insisted on. Steele, 308; Currie, 3053, 3104; Waterlow, 2607; Lushington, 10124; Walker, 11039; Brown, 25579. Burdett, 25772.

240. Again, to the east of the London Hospital in Whitechapel-road, there is great want of accommodation for the sick poor. Hardy, 1160; Mackenzie, 9135; Corner, 24843, 24877.

241. If Blackfriars Bridge is taken as a central point it is said that there are 51 hospitals to the west, and 15 to the east (the minor special hospitals being left out of account). Again, a very large district in the north-west is served practically by a single hospital, St. Mary's. The West London Hospital at Hammersmith supplies a very large district, and is more than three miles distant from St. George's and St. Mary's, which are the nearest general hospitals. The region about Soho-square is the centre of a great number of special hospitals. Buxton, 8801. Ryan, 14386. Gilbert, 20335-40, 20378-81. Dowse, 19601.

242. Six miles was estimated as the outside distance in London which an accident case might have to be carried to a hospital. Burdett, 25773.

243. One effect of the congestion of hospitals in central London was said by one witness to be to annihilate private practice in that district. Brown, 25579.

244. The prevailing though not unanimous opinion, as appearing from the evidence, seems to be that on the whole the hospital accommodation in London is sufficient;† but that much inconvenience and a partial inability in some parts to cope with the demands for admission are caused by the unequal distribution Proposal to transplant hospitals. Waterlow, 2604-5, 2687-92, 2735-7, 2803-4; Farmer, 3476; Lushington, 10060; Johnson, 21922; Faulkner, 21999; Loch, 26142; Brown, 25577. Ord, 11260-71; Bhabha, 3882; Mansel, 9240; Bridges, 23444. Bousfield, 1276, 1387-8; Currie, 3001-2; Brown, 25578.

* The Marylebone Infirmary, situated at Notting Hill, contains 700 beds.
† Dr. Bridges, of the Local Government Board, thought the medical relief in London inadequate.

distribution of the hospitals, and by want of organisation. Some witnesses thought the difficulty might be met by the transplanting of some of the hospitals in the central district to places in the north, south, and east, where they are more wanted. Sir E. H. Currie was inclined to favour the Paris system of a bureau central, which should draft off patients when beds were vacant.

Currie, 3023–8.

245. It can hardly be doubted that a more equal distribution of hospital accommodation is needed; but at the same time it was pointed out that in settling the position of a hospital some consideration must be shown for the convenience of the medical men who will form its staff; and (though there was evidence in favour of the view that this difficulty could be surmounted) that a hospital in any outlying district would have a difficulty in getting the amount of attendance from distinguished doctors which the chief London hospitals now enjoy. The same difficulty might be found in obtaining a good committee of management, many of the most useful members of such committees being men having business of their own, who could not conveniently attend at great distances.* It was also urged that it would not be so easy to obtain support from public contributions for a very remote hospital. As regards in-patients (except accidents) it appears that the proximity of the hospital to their homes is not generally a matter of such great importance; and, as a matter of fact, it was shown that considerable numbers of out-patients as well as in-patients are in the habit of seeking treatment at hospitals remote from their own homes, often passing by the nearer ones and going on to those farther off.

Waterlow, 2606, 2627; Currie 3103–5.

Currie, 3003–7, Mackenzie, 2257.

Buxton, 8801–3; Byers, 16898.

Montefiore, 175–7.

1762–4, 3040, 2044–7, 2106–9, 2452, 2606, 2799, 8810, 8814, 11960–4, 14096, 14143–6, 14189, 14964, 16029, 16182–4, 16997 18953, 26133.

Proposal to remove hospitals to country.

Mackenzie, 2199, 2221–5, 2253–7, 2278, 2355–7.

246. Another suggestion, involving the difficulties already mentioned, and also difficulties with regard to the requirements of the medical schools, was that a large portion of the establishment of hospitals, including the students, should be removed into the country, only the out-patient department and a sufficient number of beds for accidents and critical cases which would not bear removal, being retained in town. It was urged that at a distance of 10 or 15 miles out of town the patients would have a much better chance of recovery than in the vitiated air of London. Although the idea that the London hospitals should have a subsidiary country establishment met with some favour, the general opinion of the witnesses was that the main part of the hospital establishments, including the schools, must remain in town. The immense practical difficulty of altering the existing distribution of hospitals, added to the objections mentioned, seemed to some witnesses to offer insuperable obstacles to any comprehensive scheme of transplantation from one part of London to another, or removal to the country.

Currie, 3003–8, 3070–5, 3081, 3149–50; Michelli, 17945–8.

Clark, 9732–3; Barnes, 13757–60; Waterlow, 2625, 2645–51; Thomson, 4447; Williams, 17628.

Objection to large hospitals.

Mackenzie, 2199, 2225, 2249–51, 2308–11, 2320–2, 2358.

247. The late Sir Morell Mackenzie expressed a decided opinion adverse to very large hospitals, which he thought extremely prone to become unhealthy; he even thought it would be an improvement if hospital buildings could be of a temporary character, and be pulled down and rebuilt every 10 or 20 years. That very large hospitals are in themselves undesirable, was a view which met with a good deal of support; especially where they are planted, as the London Hospital and others are, in the midst of a dense population; 200 was mentioned as the maximum number of beds desirable. Mr. Tait considered that with a very large number of beds good management became more difficult and the death-rate higher, and he gave statistics in support of the latter statement. On the other hand, a witness from the London Hospital spoke in favour of the practical advantages of large hospitals, and in particular of their great value for teaching purposes.

Currie, 3009–14; Barnes, 13755–6; Anderson, 16511–3.

Tait, 22284–90, 22395–402.

Mackenzie, 9138, 9148, 9160–2.

"Out-post" hospitals.

Burdett, 25772–4, 25785.

248. A way of overcoming the inconveniences caused by the unequal distribution of the hospitals was suggested in the establishment of what were called "Out-post" hospitals, following the example set by the Seamen's Hospital at Greenwich, which has set up branch establishments in places where sailors congregate;

* The want of capable men on their committees was declared by one witness to be the great weakness of the London hospitals (Burdett, 25656, 25739–40). The difficulty of getting good men to serve was said to be increasing (Buxton, 8809).

congregate; and it was urged that those general hospitals which had surplus funds should apply a part of them in developing this system. The Secretary of the Charity Organisation Society, when questioned on this subject, thought the plan a good one, but was afraid there might be difficulties in the way of its adoption. One witness testified to the usefulness of the Charity Organisation Society as an intermediary between hospitals and poor law.

Michelli, 17863-9.

Loch, 26178-82.

Corner, 24838.

Want of Co-operation.

249. Many witnesses drew attention to the want of co-operation among the hospitals themselves and between them and the dispensaries, the poor-law infirmaries, and the private practitioners, and various remedies were suggested. So far from there being at the present time any general system of combination, or any definite division of work among the various institutions, they are on the contrary for the most part competing with one another at every point for public support, and to a great extent for patients. This condition of things is shown to be wasteful as regards subscriptions of the public, and prejudicial, not only to the public who subscribe their money and to the sick for whom these institutions exist, but also to the interests of medical science and education, since a wide field for observation and practice is closed to the clinical teacher and his pupils, while the hospitals for the sake of their schools, lest the requisite material should fail, are driven to take in and treat a crowd of patients unsuitable for hospital treatment, and the general practitioner complains that he is being ruined.

Montefiore, 110-1, 179; Bousfield, 1238-9; Currie, 3032; Bhabha, 3841-6; Thomson, 4409-12; Todd, 11976-7, 11986-7, 12143-4; Quennell 15120-2; Nixon, 15707-10; Thies, 16341-3; Dowse, 19391-9; James, 21845; Johnson, 21912-4; Tait, 22401; Bridges, 23372.

Buxton, 8749.

250. The evils of the present system, or want of system, are generally admitted; but little has been done hitherto to cure them. The Metropolitan Provident Medical Association and the leaders of the provident movement have put forward their programmes advocating co-operation with the hospitals,* and, as a germ of such co-operation, may be mentioned a provident dispensary which was set up close to the London Hospital, in the hope that the latter would work in with it. But the hospitals do not appear to have accepted the scheme, though some of their officers have expressed themselves as favourable to the principle, and the Secretary of the Royal Free Hospital said that he was in the habit of sending to a provident dispensary cases which seemed unsuitable for the hospital. The interests of the school were said to stand in the way. On the other hand, it is the universal complaint of all those who are interested in the training of students, that the young doctor labours under great disadvantages when he goes out into practice, from having had no experience of those types of chronic disease which the general hospitals do not usually admit, or scarlet fever and small-pox, which are treated in the infectious hospitals of the Metropolitan Asylums Board. It is said that a great many patients are sent to infirmaries from hospitals without orders, and interesting cases are sometimes visited at infirmaries by medical men on the staff of hospitals.

Co-operation with Provident dispensaries.

Bousfield, 1454-8, 1494; Currie, 1729; Thomson, 4348-58; Kay, 4506-13.

Bousfield, 1496-7; Currie, 1867-8; Nixon, 8857-8; Mackenzie, 9176; Thies, 16351.

Ori, 11239-43; Farlon, 13009; Fenwick, 19332-9.

Savill, 24284.
Lunn, 23776-84. 23858-9.

251. It was thought that much improvement might be effected by affiliating special to general hospitals, but next to nothing seems to have been done towards bringing about any co-operation between them, except here and there, where a medical man being on the staff both of a general and of a special hospital has transferred a patient of his own from the one to the other. A case of co-operation is that of the Charing Cross Hospital, which sends its eye cases to the Westminster Ophthalmic Hospital; and it was said that cases were interchanged between the general hospitals and the Brompton Consumption Hospital. One witness thought it would not be practicable to affiliate hospitals with infirmaries, and gave various reasons for this opinion.

Affiliation of special to general hospitals.

Fenwick, 19955; Smith, 20824-7 Hincks, 20962-70.

Campbell, 24383-95.

Fowler, 17770.

Savill, 24377.

252. In connection with this system of co-operation, a scheme was proposed, and met with the approval of several witnesses, for dividing the whole of London into

Proposal to form hospital districts.
Montefiore, 118-120.

* Sir E. Hay Currie was of opinion that no new hospital ought to be founded except on provident principles (1844, 1899).

Bousfield, 1266–78, 1362–7, 1384. Thomson, 4445. Currie, 2990–3001, 3023, 3037–9, 3082. Bousfield, 1274.

into districts, each district to be supplied within its own limits with the necessary provision of hospitals and dispensaries, th latter (both voluntary and poor-law) being affiliated to the hospitals, and working in co-operation with them. If it proved to be impossible to transplant some of the existing hospitals, and thus make each district self-supporting and self-contained, it was suggested that means might still be found to work the system by attaching territorial areas to the hospitals in their present position. Such a scheme, however, it was thought, could only be carried through after the establishment, and with the advice and assistance, of some controlling body or central board.

Bousfield, 1279. Currie, 2993.

Hospital Expenditure and Accounts.

Advantage of uniformity in accounts.

Montefiore, 171; Bousfield, 1264–5; Woods, 1594–7, 1600–6; Mackenzie, 2162–6; Longley, 3241; Nixon, 8279–82; Lushington, 10053, 10099; Melhado, 12930–1; Morris, 14833; Quennell, 15146–7; Thies, 16400–1; Dobbin, 17582; Lucas, 20280; Morgan, 22500; Acland, 22847; Loch, 26166. Carter, 16130–1. Cross, 10354–80, 10505; Melhado, 12921–4; Ryan, 14491–503, 14511; Michelli, 18015–8.

Gordon, 21716–21.

253. The question was asked of a great number of witnesses whether the introduction of a more uniform system of accounts would be advantageous, and was answered almost unanimously in the affirmative. Under the existing circumstances, each hospital making out its own financial statement after its own fashion, it is impossible to form anything approaching a trustworthy estimate of the comparative cost of management and maintenance as between different hospitals. The estimated annual cost of a bed, which is the ordinary standard of comparison, is calculated after so many different methods, producing such widely different results, as to be altogether fallacious. Any such comparison must always be deceptive, unless full consideration is given to, and full allowance made for, the peculiar circumstances of different hospitals, the particular cases and phases of disease which they treat, and the varying cost of the treatment. But in the interests of economy and good management it was strongly represented that an attempt should be made to introduce such a system as should ensure that all calculations of the cost per bed should at least be made upon a uniform basis. Such a reform would assist both the hospitals themselves in checking their own expenditure, and the subscribers in judging how their money was spent. Some critics saw in the unsatisfactory manner in which statements of accounts are often now sent out, not merely a want of system, but an actual design of magnifying in the eyes of the public, by means of large apparent deficits, the need for increased support.

Montefiore, 171; Hardy, 1151–2; Gordon, 21758.

Cost of beds

1170, 1509, 1896–7, 2156–7, 8212–4, 8218–81, 12908–13, 14007–9, 14490, 14654–9, 15061–9, 16395, 17571–81, 17591–5, 20272–9, 20538, 25861–78, 26000–13. 1264–5, 1308–1400, 2162–5, 4647–51, 4672–5, 4691–2, 10377–80, 12917–20, 12931, 14018, 14492, 14504, 14511–5, 15141–7, 17927–35, 22865–6.

254. Attempts have been made to form an estimate of the cost of beds in the several hospitals; and the figures given, if their accuracy could be relied on, would indicate great variation in the annual cost, ranging, according to one estimate, from 181 *l.* down to 60 *l.* The evidence, however, appears clearly to show that all such calculations are rendered altogether untrustworthy by the want of a uniform basis for making them; and without a settled universal system of account-keeping such a basis cannot be found.

Michelli, 18026–38.

255. The system of calculation adopted for the Dublin hospitals was mentioned as an improvement on anything in London.

1217, 2337, 8205–11, 10368, 10452–8, 11116–24, 12914–6, 12925–30, 12945–50, 14010–9, 14739, 15065–7, 16396–9, 17573–80, 17936–7, 20274–9, 20535, 25873–6.

256. The difficulty of estimating the cost of the out-patients is a serious obstacle in the way of correctly calculating the cost per bed. The mode generally adopted is to deduct from the total expenditure a sum calculated on a more or less arbitrary basis at from 1 *s.* to 2 *s.* or even more for each out-patient; but it is found impracticable to keep the expenses actually incurred for the out-patients distinct from the general expenditure. To do so it would be necessary, amongst other things, to incur the additional expense of keeping separate dispensary accounts, and perhaps separate dispensaries.

1217–8, 1623–4.

2658–60.

257. Attention was drawn to the difference of cost per bed between the hospitals and the poor law infirmaries. This appears to be accounted for by the difference in the numbers of the medical and nursing staff, and in the character of the cases treated; the chronic cases, which form the majority in the infirmaries, requiring less expensive treatment and less nursing than the acute cases in the hospitals.

Hardy, 1190–1.

258. It was complained that the expenditure for particular purposes, such as stimulants for the use of the patients, could not in all cases be ascertained.

259. The

"Glossary system" of accounts
Michelli, 17927 35, 18000-5 18019-22.
Waterlow, 2814-7; Burdett, 25879-80.

259. The Secretary of the Seamen's Hospital at Greenwich had worked out, and he described in detail, a model system of accounts by which an effective comparison could be made between different institutions. The important point in his proposal was that there should be not only a uniform basis of account, but also a somewhat minute sub-division of the heads of expenditure, and a glossary* showing exactly what items were to be included under each head. Without such a glossary no form of account could, it was said, be really trustworthy for purposes of comparison; such things as mineral waters and condensed meat-juice, for example, would appear sometimes under "provisions" and sometimes under "dispensary," and a host of minor discrepancies of this kind would inevitably lead to erroneous inferences. This glossary system was supported on the ground that it would enable the governing body of each hospital to keep a very close control on each item of expense, by comparing it with the same item elsewhere, and that it would promote inter-communication and exchange of experience between hospitals. It met with some (but not universal) favour from other witnesses.

Nixon, 8282.

Defects of existing system and proposed remedy.
Gordon, 21714-73.

260. This question of accounts was discussed in considerable detail by Mr. Gordon, who had analysed the accounts of a number of hospitals, with a view to showing the diversity of plan on which they were made out, and the defective character of many of them. Attention was drawn by him in particular to the erroneous conclusions which might be arrived at by a person inspecting the accounts of several hospitals, owing to the different methods in which the legacies were shown, and owing to the fact that in general no statement was made showing the whole amount of the property of a hospital (including value of site and fabric). The same witness produced a model form of balance sheet, which he explained at length, in which both income and expenditure were divided into "renewable" and "non-renewable," and income was further divided into "charitable" and "proprietary." Some form of compulsion would, he thought, be necessary to make the hospitals adopt this system. He further suggested changes in the mode of conducting the audit, with a view to a more thorough investigation of the accounts, and proposed that the auditor should give both a certificate in the proper form, and also a report showing the means taken to test the several items of account. The imposition of a compulsory independent audit was proposed by this witness; but he would not approve of any interference in the actual management of hospitals. The recommendation in favour of an independent audit received much support. On the other hand, it was objected that the administration of private funds ought not to be made subject to external control, and that such control might lead to a falling off of public support. It was thought that the opportunities which would be afforded for close comparison of the working of different institutions would tend to increased efficiency of administration.

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Gordon, 21774-86.

Gordon, 21787-823.

Bousfield, 1264, 1376; Thompson, 4396-7; Ryan, 14679; Barker, 16038; Burdett, 25653, 25657. Brown, 25564-5. Woods, 1593; Mackenzie, 2368; Michelli, 17956, 17988-95, 18058-65. Waterlow, 2887.

Progress to uniformity promoted by Sunday Fund.
Currie, 3152-4; Waterlow, 2634-40, 2753, 2766, 2817, 2887; Gordon, 21722. Barnes, 13806.

261. Some progress towards a more uniform system of accounts has already been made through the action of the Hospital Sunday Fund, one of whose objects it is to effect this reform. No hospital is qualified to receive a grant from the fund unless it furnishes a statement of its accounts in the prescribed form. The form, however, is framed merely to meet the requirements of the administration of the fund, and does not supply the particulars required for a complete comparison, in detail, of the cost of hospital management. For example, it distinguishes between "proprietary" and "charitable" revenue, and shows the amount contributed by patients; the object being to arrive at the sum representing the annual "needs" of the hospital from the public. Then there is a division between expenditure for "maintenance" and that for "management"; this is for the purpose of ascertaining whether the hospital is economically or extravagantly managed.

Michelli, 17925-6. Clark, 9739. Reade, 14005-6; Page, 14802.

262. It was hoped that through the Sunday Fund further advances would be made towards uniformity; but objection was taken to any attempt being made at

* Published in Burdett's Hospital Annual.

at forcing all the hospitals into an exact method; this, it was thought, savoured too much of State control, and would tend to destroy individuality.

263. The proposals which were made regarding the establishment of some form of central body, with a limited control over hospital administration, included generally the vesting in such body of the supervision of accounts.

Effect of medical school on expenses.
14422–32, 1656–7, 3987–91, 4028–9, 4107, 4115–7, 14572–3, 25861, 25876.

264. Some evidence was taken as to the effect which a medical school has upon the finances of the hospital to which it is attached. Some witnesses thought that the school must be indirectly a source of expense to the charity, because it rendered necessary the early and experimental adoption of scientific improvements and appliances which, without it, might have been dispensed with, and that, therefore, the medical schools were partly supported by charity; but there was rebutting evidence on this point, and it would seem that expenditure of this kind must, to some extent, be a direct gain to the patients, and, therefore, may be properly defrayed to that extent out of charitable funds; while, at the same time, the students gratuitously render services which could not otherwise be obtained without expense. At the Charing Cross Hospital, the school makes a fixed contribution to the general funds of the hospital, and the hospital appears to make a small net profit. Expenditure incurred for enlarging the school was said to be there regarded as an investment.

11184–6, 12121–4, 15399.

14091, 14128–31, 14211.

12850–6, 13185–8.

Ryan, 14492, 14641–3.

265. One witness, while he was of opinion that the school undoubtedly increased the expenses, thought that it also greatly increased the income of a hospital by widening the area of public interest and support.

Proposed Central Board.

266. It was generally felt by those who called for a reform of the out-patient department, for a supervision of accounts, for a restriction on the creation of new hospitals, and for a better organisation of medical relief as a whole through the co-operation of hospitals, dispensaries, private practitioners, and poor law, that these changes could only be brought about through the direct agency or the indirect influence of a central board; and the necessity for such a body, its constitution, and the functions and powers to be delegated to it, were discussed by many witnesses.

267. *Establishment of Central Board desirable.*—The great weight of the evidence from within the hospitals, as well as from outside, was favourable to the idea of a central board; but the hospital authorities were anxious that its functions should be strictly defined, and that it should not interfere with their internal management, but only with matters of common interest to all.

Steele, 364, 465; Bousfield, 1279; Mackenzie, 2342–3; Currie, 2993, 3084, 3094–7; Brodhurst, 4206–7; Buxton, 18750–1; Clark, 9735–6; Melhado, 12932–4; Fardon, 18077; Ryan, 14677–80; Michelli, 17926–7; Brown, 4687; Barnes, 13772–8; Morgan, 22503. Hardy, 1226; Farmer, 3564; Bhabha, 3869; Thomson, 4384–407; Kay, 4542; Montefiore, 222; Longley, 3250; Tait, 22311–6; Brown, 25554. Waterlow, 2342–3; Lushington, 10053–9; Quennell, 15042; Page, 14790–1, 14801–4.

Currie, 2997–9; Barnes, 13778 Quennell, 15110–1; Michelli, 17950–1, 17965; Brown, 25565.

268. Some apprehension was felt as regards the effect which the creation of such a body might have on the flow of subscriptions; but some witnesses of experience were of opinion that the necessary money would still be forthcoming; it was even thought that the public would subscribe more freely, because they would have greater confidence in the administration.

Longley, 3251–8, 3203–4. Barnes, 13827; Michelli, 17961.

269. *Constitution of Central Board.*—One suggestion made by Sir H. Longley, and favourably received by another witness, was that the central governing body constituted under the City of London Parochial Charities Act might be utilised. That body consists of five members nominated by the Crown, four by the County Council, two by the School Board, and one each by London University, University College, King's College, the City and Guilds of London Institute, the Bishopsgate Foundation, and the Cripplegate Foundation. It will ultimately have the management of charitable funds worth 58,000 *l.* a year; and it was suggested that the office expenses might possibly be paid out of these funds and also that some medical authorities could, if it were thought desirable, be added to the body.

270. A few

270. A few witnesses were in favour of some form of Government control, or at least inspection (without direct control), and even a Government grant-in-aid, but the general opinion was decidedly against Government interference, and in favour of the controlling body being of a representative character. The maintenance of the individuality of the hospitals, of a healthy rivalry and *esprit de corps*, was considered to be of great importance, and it was thought that all this would be prejudiced or destroyed by the intervention of a Government inspector.

Hardy, 1039; Burton, 8751-81, 8804-7; Burdett, 25746-52.

Mackenzie, 2366; Thomson, 4427-9; Currie, 2993-9, 3027-33, 3036, 3131, 3141; Barnes, 13827-13830; Lucas, 20226-30, 20240-1; Loch, 26169.

271. One proposal was that the central board should consist entirely of members elected by each hospital through its subscribers or board of management, each hospital paying its share of the expenses of the central board. It was thought that the voluntary hospitals would willingly come under the control of a body so composed. Another proposal was that it should comprise representatives of the hospitals, of the inhabitants of the district, and of nominees of the Crown.

Thomson, 4428-34. Barnes, 13802-5, 13827; Tait, 22346.

Clark, 9738

272. Another was to make use of the General Medical Council, acting (as regards the supervision of accounts) through a sub-committee.

Carter, 16125-8.

273. Another witness considered that the board should be elective and comprise both medical men and laymen, but should act in some way in conjunction with the Charity Commissioners as the guardians of trust funds. The same witness expressed approval of the suggestion to utilise the board constituted under the City Charities Act.

Michelli, 17956, 18052.

Michelli, 17961.

274. Another view was that the central body should contain representatives of (1), the hospitals; (2), the Sunday Fund; (3), the Saturday Fund; (4), the Charity Organisation Society; (5), the general practitioners; and (6) the Government.

Brown, 25555.

275. The secretary of the Charity Organisation Society thought that the interests to be represented upon the board were those of (1), the medical profession (represented by the medical corporations); (2), the hospitals and medical schools; (3), the municipality; and (4), the general public (represented by the Sunday and Saturday Funds, and such bodies as the Charity Organisation Society), the total strength to be 33 members, one-third retiring annually.

Loch, 26173. Montefiore, 228.

276. Sir E. Hay Currie, whose scheme is to administer hospital relief by districts, with complete co-operation of the hospitals, the dispensaries, and the poor-law institutions, favours the representation of all these organs of relief, and also of the poor themselves (as being the persons to be relieved), on the board. He would have a separate committee managing each district.

Currie, 3023, 3057-63, 3082-3, 3087-90.

277. Another witness, holding similar views as regards the importance of co-operation between all the various organisations administering medical relief, referred to the example given by the system of supervision now existing in Dublin. It appears that a board of supervision was set up there over certain hospitals by Act of Parliament in 1856. The Hospital Sunday Fund of Dublin, a voluntary body, acting with the concurrence of the hospitals, has instituted an independent visiting committee, upon whose report the annual distribution is based. This system of voluntary supervision has, it is said, produced greater results in improved hospital administration than the supervision of the statutory board. The recommendation of this witness was, that a similar system of inspection and report should be undertaken by the Sunday Fund in London, efforts being at the same time made to strengthen the council of that fund, and also of the various hospital committees. It was thought that the council of the Sunday Fund might be allowed to visit and report upon the the poor-law infirmaries as well as the voluntary hospitals; and, in return, that the Government inspectors, if it was thought advisable, might inspect the latter; or there might be a joint committee appointed by the council of the Sunday Fund and the Government.

Burdett, 25726-56.

Michelli, 17926, 17949, 17968-78, 18023-5; Moore, 19102-10; 19504; Croly, 19127-9.

 278. The

Loch, 26166.

278. The secretary of the Charity Organisation Society argued that the council of the Sunday Fund was not an appropriate body to undertake the work of supervision, both because the endowed hospitals, and also some of the smaller special hospitals, did not come within its purview, and because the council of the Fund had itself expressed an unwillingness to enter into matters outside its especial sphere of requiring certain conditions of financial administration and distributing funds.

Montefiore, 228.
Loch, 26173-7.

279. *Functions of Central Board.*—According to the scheme proposed on behalf of the Charity Organisation Society, the duties of the central board would be to inspect, to make suggestions for better management, and to issue an annual report of the proceedings of the board, dealing in particular with the finances of the various institutions. It was suggested that the board should have some power to enforce their views through an appeal to the Privy Council, or some other body, but the scheme did not precisely define the limits of this power, or the manner in which it was to be set in action, and the secretary of the Society was inclined to omit any power of compulsion. One point of the scheme is, that the board should, if possible, have to some extent the powers of the purse, and with this view it was suggested that a part of the funds dealt with under the City Parochial Charities Act should be handed over to the board, that it should be able to receive legacies and gifts for distribution, and that the Sunday and Saturday Funds should work in with it. Among the objects to be arrived at would be reform of the out-patient departments, co-operation and discrimination in the admission of patients, economy of administration, uniformity of accounts, and control over the establishment of new hospitals.

Lennox Brown, 3802.

Currie, 3024-6, 3059-60, 3084-97, 3108, 3113-21, 3125-9;
Thomson, 4418-34, 4448-50.
Tait, 22311, 22394-6.

280. The idea was put forward, and met with some support, that the allocation of patients to vacant beds in the several hospitals might be managed by the central board, as is done by the Bureau Central in Paris, and in the same way as the Metropolitan Asylums Board distribute infectious cases among their hospitals. This power, it was thought, might be given to the board without further interfering with the internal affairs of the hospitals, or cramping their energies. A considerable body of evidence was given in favour of the view that the duties of the board should be so arranged as not to interfere with the internal management of the several institutions; that they should have power to examine accounts, to inspect, and to make suggestions, but not to enforce them. The hospitals, it was said, would be glad enough to adopt improvements when brought to their notice; while cases of actual abuse or mismanagement they would, in their own interests, be anxious to put right. Mr. Brudenell Carter thought that some controlling body, such as exists in Paris, should be set up and "that opportunities should be given of devoting certain buildings and certain funds to such purposes as medical science might from time to time require."

Clark, 8735-9;
Michelli, 17949, 17963, 17966-86, 18071-83.

Currie, 3106.

Carter, 16107.

Tait, 22311-6, 22346-9.

281. One witness appeared to think that the hospitals would willingly submit to very extensive powers of control, as long as the controlling body was appointed by themselves.

Montefiore, 227-8; Brown, 25614-

Thomson, 4451-4; Clark, 9752-4
Loch, 26173.

282. Some witnesses contemplated the board being established by Act of Parliament, with express statutory powers; while others would make it a voluntary institution, or, at all events, thought that the attempt should be made to set it up by voluntary effort; but the fear was expressed that the rivalry between one institution and another would prove an obstacle to the creation of a voluntary board.

Michelli, 17987, 17996-9.

283. Mention has been made of the influence already exercised by the council of the Hospital Sunday Fund in promoting some approach to uniformity of accounts. It is the desire of the managers of the Saturday Fund also to have an influence, as a central body, in the direction of improved administration. The latter body has in particular made itself a channel for the investigation of individual grievances complained of by patients regarding their treatment in hospital; and it is creditable to the hospitals that, according to the evidence of the

the chairman of the Fund, the great majority of these complaints have proved to be unfounded.

284. The promoters of a complete system of co-operation between all the various organisations administering medical relief were among those who attached the highest importance to the establishment of a central authority; while, at the same time, this object was altogether dissociated from any desire to throw the hospitals upon the rates. Currie, 2992-3; Burdett, 25726-7.

285. Some witnesses, who did not look to any great advantage accruing from the existence of a central board, so far as regarded the administration of existing hospitals, thought that such a board would be of use if it had a voice in deciding on the establishment of new ones. This was a duty which many witnesses wished to entrust to the central body. A strong feeling was expressed that much harm was done by the reckless opening of small hospitals irrespective of any need for them. But this is a question affecting the special rather than the general hospitals. The proposals were either that all hospitals applying to the public for funds should be compulsorily registered, and that the registering authority should have a discretionary power; or, that the central body should publish a report upon every scheme for founding a new hospital, and then, the public being warned, the promoters of the hospital might open it at their own risk. Ryan, 14678; Page, 14790–800. Buxton, 8775. Corner, 24845-8, 24868-9. Brown, 25563.

Miscellaneous.

286. *Food in Hospitals.*—Evidence was taken respecting the general treatment of in-patients, the regard shown to their comfort, the means available to them of making known their complaints, and in particular respecting the quality of the food supplied to them. Upon this latter point a great number of questions were asked, but, on the whole, little evidence was elicited of an unfavourable character. One witness, indeed, considered that the hospitals were administered, in matters concerning the comfort of the patients, on an unnecessarily luxurious scale. The defects which were mentioned were not of a very serious or deeply-rooted character; and strong evidence in confirmation of the general good administration of the hospitals in all that concerns the comfort of their patients was given by the chairman of the Saturday Fund, who (as is mentioned above) testified that the great majority of complaints which had been brought to his notice by ex-patients had proved, on investigation, to be unfounded. The patient appears generally to have sufficient opportunity of complaining of anything wrong, both to the nurse, who is specially charged with his care, comfort, and diet, and also to the visitors who, in most (but not all) hospitals, are specially appointed to go round the wards and inspect everything, and investigate complaints. 1414–20, 1801–4, 4952–63, 4973, 5109–10, 6690–701, 8407–11, 9195–7, 9903, 10464–7, 11795–801, 1110–3, 12182–5, 12269–70, 12805–7, 12734–96, 12935–44, 13853, 13838–46, 13923–31, 14031–6, 14098–100, 14616–9, 16145–8, 16428–9, 17492–3, 17540–3, 18183–5, 18500–3, 20507–12, 25076–94, 25501–8, 5129–35, 5344–5, 5562–4, 11710–9, 25264–5. Brodhurst 3987, 4039–41, 4051–2, 4132–4. 6800–1, 6806, 7056–9, 11047–52, 11137–44, 12026–9, 14668–75, 15078–84, 18378–99, 15731–44, 15883–7, 16241, 16824–6, 17494–7, 18104–8, 18768–72. 6693–8, 12030, 12113, 14978. 5562–4, 12787.

287. At many hospitals it is the practice to require patients to provide their own tea and in some cases butter; and it was said that at one hospital all the tea was mixed up, and the mixture was not good. 8405–6, 10303–9.

288. The usual system in the large hospitals appears to be that the sister of each ward makes up a diet sheet for the day, in accordance with the doctor's directions for each patient; the steward (or official charged with this duty) has to provide the food and get it prepared and served up. Then it is the duty of the "sister," who is usually the head nurse of the ward, to see that the meals actually supplied are in accordance with the diet sheets.

289. At one hospital it is the custom for the chairman to see every patient on leaving, and ask him if his food has been good. 18612–4.

290. *Sanitation.*—The sanitary condition of some of the hospitals, peculiarly important as this matter must be in such places, is not altogether satisfactory. Many of the hospital buildings are old, and are not readily adapted to the requirements of modern sanitary science. Some of the evidence bearing on this subject has been noticed in connection with individual hospitals, notably Steele, 367–77; Bousfield, 1407–8; Tait, 22366–71; Burdett, 25900.

notably St. Bartholomew's. Notwithstanding the universal recognition of the importance of maintaining a thoroughly efficient system of drainage, and notwithstanding the experience which some hospitals have had of sore-throat and other serious diseases pointing to insanitary conditions, the practice of making periodical examinations of the drains and periodically applying the recognised tests as to their efficiency does not appear to have been generally adopted. Even in the larger hospitals, which employ as one of their regular staff a surveyor, who is responsible for the fabric being kept in good order, no such safeguard is systematically applied.

14580-2, 14980-2, 15103-9, 15163, 15596-9, 15630-7, 20541-9, 20755-6, 16242-8.

291. As regards matters other than drainage, it appears that the antiseptic precautions now commonly taken have greatly reduced the prevalence of such diseases as erysipelas and pyæmia which formerly used to be the pests of hospitals. It was, nevertheless, the opinion of some witnesses that old hospital buildings did, in spite of precautions, tend to become in some degree insanitary, and that very large hospitals were for sanitary reasons undesirable.* The ordinary deal floors which are common in the older buildings are considered unwholesome as compared with the tongued and grooved teak floors which it is now usual to lay down in hospitals, and which are kept clean by dry-rubbing.

Steele, 461 Waterlow, 2626; Quennell, 15159-60.

11535-8, 14660-3, 15075-7, 15723-30, 18217-8.

292. *Rating.*—Some complaint was made of the heavy rates which the hospitals are called upon to pay. It seems that, until a few years ago, none of the hospitals paid anything on this account; but a late decision of the House of Lords has imposed on them the liability. It is urged that these institutions, which with difficulty collect the necessary means for carrying on a work that saves the poor-rate many thousand pounds a year, ought not at the same time to be mulcted of their funds in aid of that rate. Mr. Vallance doubted whether hospitals relieved or increased the number of poor-law cases. This charge seems to bear on the hospitals very unequally, and to fall much more heavily on the endowed than on the voluntary hospitals. According to the evidence Guy's pays 1,500 *l.* a year; St. Bartholomew's 1,186 *l.*; St. Thomas's 2,300 *l.*; St. George's 365 *l.*: Middlesex 200 *l.*; Westminster 125 *l.*; University College 72 *l.*; the Metropolitan 160 *l.*; Brompton 600 *l.* The Royal Free Hospital is assessed at 430 *l.* net. The assessment of St. Mary's appears to have been suddenly raised from 250 *l.* to 1,500 *l.* The London Hospital is protected by the Whitechapel Improvement Act, and pays only a trifling amount in rates (51 *l.*)

417-21, 10042-8, 10351-3, 10562-5, 10876-8, 11573-5, 12809, 12016-7, 12862, 15419-21, 15616-7, 16376-83, 17008, 17407.

Vallance, 24757.

16376
14492.

8214, 16378.

293. One witness considered that the hospitals ought not to be required to pay rates.

Cross, 22249-80.

294. *Qualifications of Medical Staff.*—It appears to be the almost universal practice† of the general hospitals in London to require that their medical officers, at all events those holding the senior offices, should possess a "London qualification," *i.e.*, a diploma from the College of Physicians or Surgeons. A great number of witnesses were questioned as to the existence of this rule and the reasons for it, and it was mentioned as a subject of complaint by several general practitioners and medical men coming from special hospitals and from Ireland, as being at the present day an anachronism injurious alike to the profession and the public. It was defended by witnesses from general hospitals, on the grounds, mainly, that the test required by the London Medical Corporations ensured more than any other the possession of the qualities required in a teacher as distinguished from a mere practitioner of medicine, and supplied also to a greater extent a guarantee of moral character; that the London colleges exercised to a great degree a disciplinary control over their members in regard to their professional conduct, a point to which much importance was attached; and that, as most of the London students went to these bodies to pass their qualifying examinations, it was desirable that their teachers should be in touch with the authorities that examined them. It was stated in evidence that a similar exclusive rule had existed in Ireland, requiring that only licentiates of the Royal College of Surgeons of Ireland should hold county infirmary appointments, but that this restriction had been

Waterlow, 2505-15; Buxton, 8787-800; Ord, 11223-4; Whipham, 12371; Melhado, 12729-34; Willcocks, 14349-60; Allchin, 15351; Thies, 16431; Goodsall, 16947-8; Curnow, 18983; Tait, 22327-8, 22363; Alderson, 16671.

Woods, 1635-40; Mackenzie, 2194-8, 2226-37, 2267-71; Browne, 4693-7; Moore, 19068-122; Croly, 19124-34.
Brodhurst, 4002-5.

Clark, 9708-12; Moore, 10756; Allchin, 15352-76; Williams, 17697-712.

2082, 9041-51, 11225, 12379-410, 14416-21, 16966-72, 18984-6.

Moore, 19082.

* *See* page xlvi, § 247.
† At Guy's exceptions to the rule appear to be admitted (Perry, 10133-9). At St. Mary's also it is rather a custom than a strict rule (Page, 14771-5).

been abolished by Act of Parliament in 1876. A memorial received by the Committee from the Council of the Irish Schools' and Graduates' Association is in the Appendix.

295. It was also said that any man of sufficient eminence to be elected to the staff of a great hospital would have no difficulty in acquiring the necessary diploma, but to this it was answered that it was derogatory to such a man, and a hardship on him, to expose him to an examination. Brodhurst, 4002-6; Moore, 10585; Whipham, 12373-4; Willcocks, 14357; Tait, 22363-5. Browne, 4694; Moore, 19076-9.

296. A witness from Guy's thought that the rule might be useful where the staff was elected by a large number of ignorant voters, but that at Guy's where there are only 60 governors no such safeguard was needed. Perry, 10225-32.

297. *Chaplains.*—Each of the leading hospitals has a salaried* chaplain specially appointed to visit the wards and minister to the sick. In St. Bartholomew's, St. Thomas's, and some others of the larger hospitals there are two chaplains. The chaplain sometimes, but not in all cases, is resident in the hospital. He often performs services lying outside his strict duty by interesting himself in the circumstances of patients, communicating with their friends, and particularly in recommending grants out of the Samaritan Fund, if not (as in some hospitals) actually entrusted with the administration of it. In some hospitals (*e.g.*, Charing Cross) he is the highest resident official.

298. Mr. Rathbone was strongly of opinion that hospital chaplains ought to be appointed for a short time only, three years or five, and preferably three. Rathbone 25963-73.

SPECIAL HOSPITALS.

299. A special hospital is one which is restricted to the treatment either of a particular disease, or class or group of diseases, or of particular classes of patients (*e.g.*, women, children, seamen); or, again, it may be special, not as regards the kind of disease treated, but as regards either its effect upon the patient (*e.g.*, a hospital for incurables), or the particular methods adopted for its treatment (as in a homœopathic hospital). Definition of special hospital. Montefiore, 13.

300. The number of special hospitals in London was stated to be 67 in 1890. Between 1830 and 1840 four new special hospitals were started; between 1840 and 1850, seven; between 1850 and 1860, eight; between 1860 and 1870, sixteen; between 1870 and 1880, seven; and between 1880 and 1890, six. A classified list of the special hospitals was given by one witness. Many of them are very small; one is said to have only seven beds, and only an average of four occupied; another to have only five beds. Calculations of the annual cost of a bed are acknowledged to be inconclusive; but at some of these small hospitals it is stated at so high a figure (in one case reaching 285 *l.*) that it seems evident that they are very much more expensive institutions than the larger hospitals. Statistics. Montefiore, 12, 149. Barnes, 13722-4. Montefiore, 154-67; Hardy, 1128. Hardy, 1106.

301. The special hospitals commonly require or invite their patients to contribute towards the cost of their treatment. As already mentioned (p. 37, §219), patients are estimated to pay altogether 45,000 *l.* a-year, of which the bulk goes to the special hospitals. The system adopted in several hospitals was explained, as being that the patient should pay what he could afford, but that the amount of his payment was not in any way to affect the treatment; and, generally, that if he appeared unable to pay anything, he should be treated free. The suggestion that there was a tendency to favour the paying patients, rather than the others, was denied. In some hospitals there is a graduated scale of charges. 2122-30, 2213-7, 2781, 2825-7, 3527-30, 3793-4, 3921-8, 4663-4, 4669, 4674-83, 4698, 19139, 19142, 19831-3, 20576, 20696-700, 20924-6, 20936-8, 20953, 20978-81, 21105, 22521-3, 23003-5, 23642, 23654-64, 23712-4, 23717.

302. Objections were made to the special hospitals, or to some of them, on several grounds: That many are started by medical men in their own interest, and not from any public need; that some are so small that they cannot be economically Objections alleged against special hospitals.

* At St. Thomas's the chaplains receive, respectively, 275 *l.* and a residence, and 150 *l.*; at the Middlesex, 200 *l.* with residence; Charing Cross, 100 *l.* with board and lodging; St. Mary's, 200 *l.*; University College, 70 *l.*; Royal Free, 100 *l.*; Brompton, 300 *l.* and residence.

economically administered; that they draw away funds from the general hospitals; that by drawing away patients from the general hospitals they are injurious to the medical schools; that the treatment of patients in them is unsatisfactory; that the special departments which the general hospitals have opened render special hospitals unnecessary, and also that they were made use of by persons in a better position than those in general hospitals, and consequently were even more demoralising.

Farmer, 3577–86, 3936–41; Bhabha, 3878–9.

303. *Special Hospitals founded without reference to Public Requirements.*—It is alleged that in some instances special hospitals have been founded as a speculation, with a view to advance the fortune and reputation of particular doctors, and that some have proved themselves to be under men of extremely doubtful reputation. One witness, a general practitioner, believed that at least three-fourths of the special hospitals were conducted for the special benefit of members of their staff. Such hospitals, it is said, lay themselves out specially for the treatment of large numbers of out-patients, from whom considerable payments are obtained. The object aimed at, however, is professional status and position, rather than any direct pecuniary advantage.

Montefiore, 138–41; Steele, 366; Holmes, 698–9. Hardy, 1058–9, 1072–1103, 1135, 1139; Bousfield, 1282–3; Waterlow, 261 Carter, 16121–4; Fenwick, 19955; Lucas, 20197–8; Brown, 25563, 25569. Hardy, 1059.

304. But apart from any question respecting the motives which prompt their founders, it is said that a large proportion of the hospitals which are set up from year to year are not wanted in London, and in particular are not wanted in the districts where they are placed.

Steele, 465; Holmes, 699; Hardy, 1104–17; Brodhurst, 4196; Michelli, 17941.

305. On the other hand, while it was admitted that human motives are mixed, and that special hospitals are generally founded by doctors who get together a committee of friends and subscribers, it was said that this method applies equally to general as to special hospitals, and to hospitals which are needed as to those which are not. St. Mary's, Charing Cross, the West London, and the Great Northern, were mentioned as instances of hospitals which had been founded by doctors. Special hospitals, it was said, were founded by specialists, men who were the best in their line, but who often, for this very reason, were excluded from the general hospitals. Upon the question of public necessity it was contended that even those special hospitals, which are really not absolutely necessary, do much good, and effect many cures which would not otherwise be effected.

Mackenzie, 2168–70, 2247, 2325–6

Mackenzie, 2391.

306. One witness, while quite prepared to admit that there might be special hospitals that were unnecessary, and a very few to which the term "private adventure hospitals" might be applicable, declared that most of those which he had known had arisen out of the force of circumstances, either from the want of accommodation in the general hospitals, or from the restrictions which are there placed upon the specialist in the treatment of his cases. As an instance of such restrictions, it was mentioned that in some general hospitals a specialist physician is not allowed to perform operations on his own patients, but has to hand them over for that purpose to the hospital surgeons.* The jealousy with which specialists are said to be regarded in the general hospitals is one of the chief arguments of those who advocate special ones. The existence of any such jealousy was, however, denied by other witnesses.

Barnes, 13721, 13728–36, 13742–5, 13793–6. Mercer, 19236–7.

19309, 19438, 19445–51, 19589, 20969.

Carter, 16095.

307. *Special Hospitals too small.*—The expenses of these very small hospitals must be disproportionately great as compared with the larger ones. The public, therefore, it is argued, waste their money in subscribing to them.

Hardy, 1107, 1120–1, 1142–4; Waterlow. 2573; Ord, 11282; Carter, 16121–3.

308. *Funds drawn away from General by Special Hospitals.*—It was said that the general hospitals were better supported 20 years ago, and that the growth of special hospitals within that period has drawn away their funds. There would be no reason to discourage special hospitals if they were provided with endowments sufficient to maintain them, but it was undesirable that they should be allowed, by appealing to the public, to divert funds from more deserving institutions. The secretaries of the special hospitals are said to be much more active and enterprising. One witness, however, was of opinion that the public had been less liberal during the last 15 years; more than one that the argument of the diversion of funds was exaggerated, and that the creation of new hospitals did not really very much interfere with getting subscriptions to old ones.

Hardy, 1140–2, 1147; Bousfield, 1282; Buxton, 8749; Allchin, 15404; Carter, 16117; Fenwick, 19968.

Mackenzie, 2142, 2262–4; Mackenzie, 9149–50; Barne Brown, 25542.

309. *Medical*

* A particular case of this was admitted by a witness from one of the general hospitals (Allchin, 15413–4).

309. *Medical Schools injured by Special Hospitals.*—That the general hospitals are not able to provide sufficient material for the study of particular diseases is used as an argument both by the opponents of the special hospitals, who say that their patients are drawn away from them, and also by the specialists themselves, who point to the fact that students come to them from the general hospitals as proof of the inadequacy of the instruction there obtained, and of the superiority of the special hospitals. The rejoinder to the latter argument is, that if the special hospitals did not exist the special departments of the general hospitals would be made larger and more useful for purposes of medical training.

Hardy, 1058; Carter, 16094, 6119–20. Brown, 4693; Barnes, 13727.

310. As regards some forms of disease, it was thought that the cases were numerous enough both to provide instruction to the students in general hospitals, and to fill the wards of a special hospital as well.

Fowler, 17763–4.

311. *Special Hospitals Inferior in Treatment of Patients.*—One possible cause of defect in the treatment at special hospitals is their isolation from general practice, and the danger of a tendency to adopt a single point of view in approaching a case. That defective treatment did actually ensue from these causes was the opinion of at least one witness. Another point in which it was thought the special hospital was at a disadvantage was the absence of students. Nothing, it is said, is so valuable a stimulus to a physician, who has to deal with a large number of cases, as the presence and the inquiries of a class of students; nothing is so good an antidote to the hasty diagnosis resulting from weariness and a long-continued routine.

Clark, 9678–9. Carter, 16094.

312. *Special Hospitals rendered unnecessary by Special Departments of General Hospitals.*—It was said that many of the older special hospitals had been very valuable institutions; but that the necessity for them was wholly, or to a great extent, removed by the growth of special departments in the general hospitals. Some witnesses appeared to think that all diseases could be best treated in a general hospital, and that the accommodation in the general hospitals would be sufficient for all persons who were really entitled to charitable relief. It was not that the experience of a specialist in any particular disease or operation was undervalued, but that this experience could be more profitably utilised in the special department of a general hospital than in a special hospital. A witness quoted the words of Professor Virchow, "that no speciality can flourish which separates itself entirely from the common source of science; that no speciality can develope fruitfully and beneficially if it does not ever and anon draw from the common fountain, if it does not take the other specialities into account, and if all the specialities do not mutually assist one another." The danger indicated in these words is precisely that into which, it is said, the special hospitals in London have fallen. "They are guilty of magnifying the complaints with which they have to deal." To put the point somewhat baldly, the tendency of the specialist is to find his particular disease in every patient who comes to him. On the other hand, the appropriation of the treatment of certain diseases by specialists tends to make the general practitioner neglect their study and treatment, regarding them as outside the sphere of his practice. It was, however, admitted by most of the witnesses who were generally opposed to the special hospitals that there were some diseases for which such hospitals could usefully be appropriated, and that some of those existing were doing such good work that it would be undesirable to interfere with them.

Steele, 288; Holmes, 696–7, 700; Waterlow, 2570–3, 2685, 2710–1; Bennett, 4271–4; Allchin, 15404; Curnow, 19018; Burdett, 25796; Cannon, 20673–5; Burdett, 25795–6

Mackenzie, 2403.

Clark, 9678–9. Fardon, 13047–9; Armitage, 19512.

313. A point particularly insisted on is, that the special hospital, remaining as a survival after its period of utility has passed away, not only absorbs valuable funds and materials for teaching, but wastes, to a great extent, the services of eminent men, whose skill and experience would be more profitably bestowed in a general hospital. It is admitted that new processes of treatment, while they are in their earlier and tentative stages, must be in the hands of a few men, and are then outside the sphere of general practice. That is the period of usefulness for the special hospital. But, when the stage of experiment and investigation is past, it is urged that it is of the utmost importance, in the interest both of the sick and of medical science, that the approved results should be absorbed in general practice, and cease to be regarded as a speciality. The difficulty of at once retaining the usefulness and preventing the abuse of special

Carter, 16095–7, 16106–14.

hospitals was not denied; and this, it was thought, was one of the problems which could be solved only through the agency of a central board of control. But, if no solution of the problem could be found, it was argued that more advantage would result from the abolition of special hospitals (with some exceptions) than from their retention. The progress of discovery might be retarded, but it would not be less sure; and, at all events, its results, when gathered, would be fully utilised.

Williams, 17647-8.
Barnes, 13736.
Fowler, 17752.
Dowse, 19589.

314. Other witnesses took a very different view, and maintained that the need for special hospitals was at the present time as great as, or greater than, it used to be; that if the general hospitals had, in the first instance, opened special departments, the need for special hospitals might never have arisen; but that now they had grown into such importance that it would be impossible to do without them. This argument would, however, appear to apply chiefly to the larger special hospitals, which are not so much the direct objects of attack as the small ones.

Mackenzie, 9151-5.

2118.

315. A member of the medical staff of the London Hospital, who was in charge of a special department, did not share the strong feeling against special hospitals; he considered that there was room for both, and that special hospitals gave increased educational opportunities for the study of particular diseases.

Arguments in favour of special hospitals.

Mackenzie, 2116-7, 2167, 2205, 2210, 2275, 2293, 2306-7; Anderson, 16504; Fowler, 17734-6; Armitage, 19521-4; Fenwick, 20002-4. Lennox Brown, 3808. Barnes, 13738.

316. The advocates of the special hospitals put foward two main arguments. In the first place, they deny that the general hospitals are so successful as the special hospitals in the treatment of their patients. The governing body, it is said, of a general hospital does not take the same interest in a special department as is shown in a special hospital, and is not so liberal in adopting improvements. The unwillingness of the general hospitals to advance is, in fact, what mainly forced the special hospitals into existence. When the special hospital has proved its value, and advanced the practical treatment of disease in its own particular line, then, and not till then, the general hospital sets up its special department. If these special departments were organised on a grand scale, with all the advantages that are now monopolised by the special hospitals then it was thought the latter could be dispensed with; but this has never hitherto been done, and the structural arrangements of most of the existing hospitals do not easily adapt themselves to the exigencies of special departments. It is further said that the medical men in charge of the special departments have themselves obtained their instruction in special hospitals, and that students go from the special departments to the special hospitals to complete their studies so that to abolish the one, because of the existence of the other, would be both unjust to the specialist and injurious to medical science.

Hardy, 1132, 1145.

Smith, 20878-9, 20889.

Brown, 4693.

Barnes, 13727-8; 13750-1.
Smith, 20839, 20853-4, 20864-5.

317. The other leading argument of the specialists is, that there are diseases which the special wards in general hospitals are altogether inadequate to accommodate, and that, therefore, an outlet has to be found outside. From this point of view it is simply a question of accommodation.

Utility of some special hospitals.

Hardy, 1056; Bennett, 4269; Brown, 25546. Brown, 25547.

318. A few witnesses appeared to consider the special hospitals as altogether an evil, or at least that it would be an advantage if the great majority could be closed. It was, however, almost universally admitted that some exceptions must be made, but there was a good deal of difference of opinion as to the precise nature and extent of the exceptions. It seems to be agreed that separate hospitals are necessary for lying-in cases, and for infectious and venereal cases, though some witnesses thought the latter class were not fit objects of private charity, and should be provided for by the poor-law. Speaking generally, the classes of diseases the treatment of which in special hospitals was most favoured, were (*a*) diseases which were so prevalent that the accommodation in the general hospitals was insufficient for them; and (*b*) diseases of a chronic or incurable nature, which the general hospitals do not take, except for temporary treatment. The applicability, however, of these two heads of exception to particular diseases or classes of patients, was a matter of dispute. Ophthalmic hospitals, orthopœdic hospitals, hospitals for women, for children, for incurables, hospitals for consumption, for cancer, for paralysis, for the ear, for the throat, &c., were all in turn advocated by some witnesses, either on one of the above-mentioned grounds or because the cases which

Curnow, 19017.

Brown, 4642; Holmes, 701-3, 707; Hardy, 1060-71, 1136-8; Bousfield, 1284-6; Mackenzie, 2140 Brodhurst, 4190; Clark, 9682-8; Ord, 11272-88; Fardon, 13044-6; Gould, 13149-57; Barnes, 13748-53; Allchin, 15407-9; Anderson, 16505; Michelli, 17945; Smith, 20866-71. Moore, 10757-60.

which they treated were alleged to be unsuited for general hospital treatment, while by other witnesses most of them were either condemned or considered unnecessary.

319. A point, however, which some witnesses who advocated the transfer of patients from special hospitals to special departments in general hospitals do not seem to have fully borne in mind, is the difficulty of providing the accommodation necessary for enlarging the existing special departments and opening new ones. It is difficult to see how some of the existing general hospitals could provide for all their special cases without a tendency to grow to unweildy dimensions.

Difficulty of providing accommodation in general hospitals.

320. The only way by which the desired object could be attained would seem to be the affiliation (if that were possible) of special to general hospitals. Mention has been made of the waste of power resulting from the existing absence of co-operation between the various institutions for the relief of the sick; and a single instance has been referred to of co-operation between a general and a special hospital.* Several witnesses spoke in favour of some system of affiliation which would provide a common field for instruction, by admitting the students of a general hospital to the special hospitals in the neighbourhood.

Proposed affiliation of special to general hospitals.

Bousfield, 1500; Fenwick, 19955; Smith, 20824; Brown, 25575–6.

321. A witness from a special hospital thought that an obstacle (he did not say an unsurmountable one) to affiliation would be the fear of the specialists lest their individuality should be lost, or their speciality treated in a less liberal way; but another thought that it was the general hospitals which held aloof. One witness seemed to think it inexpedient to alter the existing system, although if the whole hospital system were being started anew it would be desirable to group special departments round general hospitals. And it was admitted by a witness coming from a special hospital that there would be advantages in affiliation if the difficulty of securing a satisfactory managing body could be overcome.

Mackenzie, 2252.

Smith, 20826–7.
Fowler, 17752.

Smith, 20872–4.

322. It was thought that some form of affiliation might be secured by means of a system of licensing for special hospitals, and by keeping some control over the appointment of their medical officers, so that only those might be chosen who would be willing to co-operate with a general hospital.

Fenwick, 19956–65.

323. Whatever exceptions might be made in favour of institutions now in existence, there was a considerable weight of opinion in favour of placing some check on the growth of new special hospitals. The proposals for the establishment of a central body with greater or less powers of control have been referred to. One of the most important of its functions would, it was hoped by many witnesses, be that of licensing or registering new hospitals, or expressing in some form or other its sanction to, or dissent from, their establishment. The exact nature of the limiting power was not agreed upon. Some witnesses appeared to contemplate an absolute and peremptory prohibition on the opening of any hospital until a license had been obtained; in short, that the proposal to set up a new hospital should be treated in much the same way as a proposal to open a new public-house. It was also suggested that the promoters of a new hospital for which it was intended to collect subscriptions from the public, should be required to prove, first, their *bona fides*; secondly, the necessity for its establishment and the suitability of the building and site selected; and, thirdly, their ability to provide the necessary funds; but it was also proposed that no unlicensed hospital should be allowed to appeal to the public for money, and that any bequest by will in favour of an unlicensed hospital should be void. Another witness considered that special hospitals, whether they were good or bad, were not proper objects of general charity, but ought to be self-supporting, and that no institution should be allowed to adopt the word "hospital" except under license from a licensing body composed of medical men.†

Proposed restrictions on new hospitals.

Steele, 365, 464–5; Browne, 3802; Brodhurst, 4197; Buxton, 8750–1, 8801; Bousfield, 1280; Ryan, 14678; Page, 14790–800; Morris, 14832–6; Allchin, 15403–6; Carter, 16125; Michelli, 17840; Armitage, 19514, 19549–55; Dowse, 19613–8, 19655–63 Lucas, 20195–6; Corner, 24845–8, 24868; Brown, 25554, 25563; Burdett, 25792–803.

Morris, 14835.
Burdett, 25792: Lucas, 20215–25.
Steele, 468–70, 592.

Michelli, 18066–70; Corner, 24848.
Fenwick, 19956–74, 19979–20000.

324. The

* Page xlvii, § 251.

† One witness connected with a hospital which derived no part of its funds from charity, thought that the whole of the special hospitals might be made self-supporting (Forbes, 22611).

Loch, 26173

324. The Secretary of the Charity Organisation Society was inclined to think that it would be enough if the supervising body reported publicly upon every new proposal for the establishment of a hospital, so that the public might be fairly informed concerning its merits. If that plan failed, it might be necessary to fall back on a system of licensing, but he would rather avoid that at the outset.

Objections to check on increase of hospitals.

Mackenzie, 2145–51, 2248, 2277.

325. In opposition to the proposal to check the increase of these hospitals it was said, that although some of them may not absolutely be needed, yet they all do good, that it is a question of free trade, and if a hospital is not conducted properly it will in course of time cease to exist.

Waterlow, 2609–10, 2681, 2767.

326. A witness, who considered that the starting of small hospitals was very much to be regretted, feared that any forcible means which might be taken for their repression might check the flow of voluntary contributions from the public. It is to be observed that the managers of the Hospital Sunday Fund do not refuse to grant aid to special hospitals, although it is understood that they desire to influence people rather in favour of the general hospitals.

Barnes, 13774, 13807–10.

Morgan, 22503.

327. One witness thought that if any restriction on the establishment of hospitals had been in force 30 years ago, it would have stopped the development of many useful institutions now existing; and as regards the opposition to very small hospitals, he urged that most large ones had started from small beginnings. A witness from the Homœopathic Hospital was also apprehensive of the effects of any such restrictions, in consequence of the jealousy of the medical profession of anything new.

Particulars of some special hospitals.

328. Some details respecting a few of the special hospitals are added :--

Brompton.

Dobbin, 17299–613

329. The Hospital for Consumption and Diseases of the Chest, Brompton, was founded in 1841; it has accommodation, in the old building, for 184 in-patients, and in the new extension building for 137; 321 in all; and it has a daily average of 300 occupied beds.

330. An annual court of governors is held in May, and there are three other general meetings during the year, open to all the governors and to the press. The chief executive authority is the committee of management, consisting of the president, treasurer, and chaplain, 25 members elected at the annual court, and the whole medical staff numbering 16, but the medical officers, though members of the committee of management, have no vote on it. The committee appoints a chairman and vice-chairman, meets once a week, and has a quorum of three; the average attendance is five or six (including generally one or two medical members), and on special occasions many more. All the books come before the weekly committee, and are signed by the chairman, but the examination in detail of those relating to finance and expenditure is regarded as being rather within the province of the finance committee, which meets every month, and makes quarterly returns to the committee of management; cheques are signed by the chairman and another member of the committee of management, and countersigned by the secretary. The accounts are audited every quarter by five auditors elected at the annual court; there is no professional audit.

331. The contracts are made by the committee of management, but there is no public advertisement for tenders, the tradesmen to whom invitations to tender are sent being ordinarily selected by the secretary or his clerk; the steward is responsible for taking in the supplies in good condition.

332. The

332. The secretary is the general acting head of the hospital, but the internal management of the wards is under the resident medical officer, and the secretary does not appear to have any authority over the medical or nursing staff. Any question of discipline affecting a medical officer would be brought before the medical committee; that body meets every fortnight, and anything relating to the medical department is referred to it.

333. Two house visitors are appointed every month; and there is a lady visitor to each ward.

334. The year's expenditure amounted to 24,495 *l.*; a sum of 1,430 *l.* was paid for patients sent to convalescent homes. The income included 1,130 *l.* from ground-rents and other rents; dividends, 3,590 *l.*; annual subscriptions, 8,050 *l.*; donations, 5,206 *l.*; legacies, 9,594 *l.*; Hospital Sunday Fund, 1,562 *l.*; Saturday Fund, 662 *l.*; "incidental receipts," 3,549 *l.* (the bulk of which is derived from the private nursing institution). The annual average of legacies for 10 years was 14,900 *l.* Most of the invested property can be disposed of, as required. 17390-8, 17536-9, 17568.

335. There is an elaborate, and it is said very efficient, system of ventilation, which was described, the vitiated air being drawn up by flues into towers heated by hot-water pipes, at the top of the building. Williams, 17633, 17640. Curnow, 19019-22.

336. The functions of the hospital are confined to the treatment of diseases of the chest and heart; about 70 per cent. are consumption cases, other diseases being only incidentally treated. In-patients remain, on an average, about 65 days, which is much longer than at the general hospitals. The necessity for the hospital arose from the fact that the general hospitals did not take consumption cases, and even at the present time many do not take them, nor have they the means (it is said), or the necessary accommodation, or the appliances, for treating them with equal success. The death-rate at Brompton is 14 per cent. on the whole, and 17 per cent. for consumption. At St. Bartholomew's the mortality in consumption cases was said to be 54 per cent.; and at Guy's 50 per cent. Williams, 17619-27 Fowler, 17719-23. Williams, 17638-40, 17648, 17694 Smith, 20848.

337. There is no regular school attached to the hospital, but arrangements are made for the admission of students, and lectures are given to graduates as well as students. At the present time the pupils appear all to be men already qualified for practice. Williams, 17642-6; Fowler, 17731-3.

338. Nurses are regularly trained, and a considerable income is derived from those who are sent out from the hospital. They are sent for a time to other hospitals to learn their duties in general medical and surgical cases. It was stated they are not supposed "as a rule to take in anybody but Protestant nurses, but on the private staff they take anybody." Taylor, 18597 18603.

339. The kitchen in this hospital is at the top of the building, of which arrangement the secretary highly approved. Dobbin, 17532-3.

London Fever Hospital.

340. This institution was founded in 1802, and from that time till 1871, when the hospitals of the Metropolitan Asylums Board were established, it was practically the only hospital for fever in London. The government is in the hands of the whole body of governors at the yearly meeting, of a committee which meets monthly, and of the house directors who are appointed from the committee, and meet weekly or fortnightly. There is a paid secretary, and resident medical officer. Balfour, 21519-64. Christie, 21565-635. Hopwood, 21636-709.

341. Until after the establishment of the infectious hospitals under what is known as Gathorne-Hardy's Act (the Metropolitan Poor Law Act, 1867), the London Fever Hospital took in patients free of payment. This, however, has since been found to be neither necessary, nor indeed practicable, since the establishment of the new hospitals caused a great falling off in the subscriptions. Payment is still remitted in individual cases of necessity; but the system is one of payment on two scales; the "ward patients" Balfour, 21520-3, 21544-52, 21558-60. Christie, 21575, 21607.

paying three guineas for the whole case, and the "private patients" the same amount per week, with the same food, medical attendance, and nursing as the others, but a private room. The families and servants of governors are admitted free, and special contracts are made with commercial houses, hotels, &c. The private patients pay rather more than the cost of their treatment, and the ward-patients about one-fourth. The average length of treatment is six weeks. In three years 334 doctors, nurses, and patients from other hospitals were received as patients.

Christie, 21570–4, 21593–606.

342. The expenditure for 1890 was 8,480 *l.*, and the receipts were 13,390 *l.*, comprising donations, 2,655 *l.*; annual subscriptions, 3,582 *l.*, from householders, firms, clubs, and hotels; Saturday Fund, 50 *l.*; Sunday Fund, 468 *l.*; fees from patients, 2,447 *l.*; dividends, 1,890 *l.*; legacies, 1,003 *l.* (the last item being about equal to the average for the last 10 years).

Christie, 21584, 21608–12. Hopwood, 21661–88.

343. The number of beds is 200. Patients from within a certain distance can be brought in an ambulance sent from the hospital. They are retained, on account of the infection, longer than is necessary for the purpose of their own health, and might well be sent in times of pressure, under proper precautions, to a convalescent home, so as to make room for others in the hospital.

344. The rate of mortality is considered by the medical staff to be very low, and the hospital itself to be in a healthy condition, and no complaints appear to be made of infection being conveyed from it.

Hopwood, 21642–6, 21656.

345. The nurses are engaged on a three years' agreement; their health is said to be good, and not one has died within the last 10 years. Their number is about 20.

Hopwood, 21693.

346. Medical students are admitted.

Lock Hospital.

Coote, 17009–298, 18320–78. Shillitoe, 18213–319.

347. There is one Lock Hospital in London. It was founded in 1746, and is now divided into separate departments, the female, with 140 beds, in the Harrow-road, and the male, with 20 beds, in Dean-street, Soho; the female out-patient department is also in Dean-street, where females are admitted on different days from the males. The female hospital building contains also a rescue home, with accommodation for 70 persons. The average number of occupied beds in 1890 was 100, on the female side. The funds are said to be insufficient to enable the whole hospital to be used; but, as a matter of fact, it seems that the applications for admission do not exceed the numbers taken in; indeed it is said that cases are seldom refused admission. There appears to be considerable reluctance to come in. A certain proportion of the cases are received from the poor-law infirmaries, from the country as well as from London, at 16*s.* a head per week, and the general hospitals are sending in cases to an increasing extent. Under the fortnightly board, which manages the whole institution, there is a ladies' committee for the female hospital and the home. The secretary has a general control over the establishment.

348. In 1890 there were 731 female in-patients admitted, and about 230 male. There were also 3,278 male, and 415 female, out-patients, all new cases. The opening of the out patient department in the evening has greatly increased the number of male attendances; it has also brought in an increased grant from the Hospital Saturday Fund. The cost of a bed was estimated at from 40 *l.* to 45 *l.* a year at the female, and about 60 *l.* at the male, hospital; the expenses for nursing are low, as most of the patients are able to assist the nurses. The year's expenditure was between 5,000 *l.* and 6,000 *l.*, besides 2,300 *l.* for the home, but there is at present an annual deficit (reduced from time to time by special appeals) of about 2,000 *l.*, and a total debt of more than 4,000 *l.* Voluntary contributions from out-patients (chiefly males) came to 1,163 *l.* for the year, there being no compulsory payment.

349. It is said that many patients (43 per cent. in the ward appropriated for prostitutes, and 31 per cent. in the whole hospital on the female side) leave before they are cured or sufficiently relieved; there is no power to detain them, and

and a member of the medical staff thought the prevalence of the disease had increased. Occasions like the Derby week will always induce some women to go out, and one who is inclined to go will often persuade others to do the same. A case was mentioned of a girl going out to be married, in spite of all remonstrances, with the disease full upon her. The secretary of the hospital, who did not appear to be altogether in favour of the now repealed Contagious Diseases Acts, was nevertheless of opinion that there ought to be a modified power of detention, and the same opinion was held by other witnesses. A member of the medical staff thought the absence of such a power a very great misfortune to the nation at large. On the other hand, there is the danger that such a power would deter people from seeking admission. The average period of treatment required is seven weeks; but in some cases it is much longer. Considerable success is claimed for the rescue home; women are not received into it until they are relieved; they remain for a year or longer, and it is said that one-fourth of those who pass through it are permanently rescued. They go into service, and the committee take pains to keep touch with them.

350. Medical men are admitted to see the practice, but students are excluded except on the male side, to which they may be taken by the visiting surgeon. The male out-patient department is almost self-supporting. Coote, 17147–8. 17140.

Royal Hospital for Incurables, Putney.

351. This hospital was founded, 1854, by public subscription. The secretary, who has filled that position from the commencement, receives a salary of 500 *l.*, without board or lodging, and does not reside in the hospital. There are 218 inmates; 38 men, 180 women. Pensions of 20 *l.* per annum are allowed to poor people in any part of the country, to the amount of 11,000 *l.*, the pensioners being elected from the list of applicants. Andrew, 24972–4, 24976–7, 24980, 25121–3.

352. The management is as follows. There is an annual meeting of governors (who are qualified by half-guinea subscription per annum, or a single donation of 5 *l.* 5 *s.*); all governors may attend. There is no quarterly meeting, but half-yearly meetings are held for the election of candidates for indoor and out-door relief. There is a board of management consisting of 20 governors, with a quorum of five; from this board is appointed a house committee. The board sit once a fortnight; the house committee once a week; six or seven governors usually attend. The business is to take cognizance of all principal matters in connection with the institution; they interview and receive reports from the matron, who is the principal officer, and the steward. 24983–9. 24990–5.

353. Individual members of the committee occasionally visit the dinners; these visits are said to be so occasional that an average could not be given off-hand, but (the secretary thought) quite twice a year. As to the suggestion that these visits should be twice a week, he thought "it would not be reasonable, because that would be calling gentlemen from their homes or from London to do that which they would not have time to do." 25299. 25305.

354. Books are laid before the committee and seen and signed; they do not go over each item; there would not be time. Other duties of the committee are to hear reports from the medical officer and from the sea-side home, and requests for leave, and to examine the staff gate book. The reports are in writing, and are read to the committee. There is no visiting committee, but governors living in the neighbourhood do visit; no written report is made by such visitors; though there are no fixed visiting governors, the institution, the secretary said, was always open to the public and the governors; the house was freely open to everybody. 25010. 25351–60. 24996. 25099, 25133.

355. Mr. Burdett, on this point, said that this was the only institution he had ever had any trouble in getting permission to enter; every impediment was placed in his way in ascertaining on what principle the institution was managed internally; for some time he was refused a plan, but he ultimately received one. Permission was denied to himself, his architect, or his secretary, to enter the building; his experience in regard to this institution was unique. Even in Russia they gave him greater facilities for entering a hospital than he could get from the Royal Hospital for Incurables at Putney. Burdett, 25708.

Andrew, 24502.

356. The following extracts are taken from the secretary's evidence. A patient may write a complaint to the chairman; a complaint may be put in the matron's book of requests; a patient may desire a visit from one of the committee. The matron is German by birth, and has a salary of 200 *l.* with board and lodging; she was trained on the Nightingale system, and was, at one time, in Sir P. Dunn's Hospital in Dublin. No advertisement of the vacancy was made at the time of her appointment; she was introduced by one of the members of the committee, having been a governess in his family; it would be libellous to say she had a terrible temper, but she can exhibit temper; a complaint was made two or three years ago of her speaking violently to a patient, and she pleaded an extremely irritating cause. "The matron is supreme in the absence of any of the committee and the secretary, but the secretary does not claim to have authority in the house." That is her province. The matron, however, "of course applies to the secretary for advice, and he takes cognizance of everything and anything that goes on." Complaints by a patient with regard to the nursing, or the matron, would be made to the matron. It is her duty to remedy anything within her own judgment and power. The matron reports to the committee all changes that take place, and the reason of them; she selects, engages, and dismisses the nurses, and reports to the committee; it practically did not happen that the nurses appealed from the matron to the committee; any offence would be dealt with off-hand by the matron. The matron is, principally, responsible for the ventilation of the wards.

25216–1
25218–9.
25235–7.
25018.
25044–5.
25255.
25164.

357. There is no nursing committee. There are two grades of nurses. Those of the first grade, in all five of them, are trained nurses, three on duty by day and one by night. In the second grade the nurses are untrained, but have some notion of nursing; they are regarded as attendants on the patients. The witness did not consider more trained nurses to be required. There is only one trained nurse in charge of one corridor of 40 beds by day; by night, one night nurse and two assistant nurses for the whole female side.

25042.
25026.

358. No nurses defaulters' book is kept. The nursing is entirely under the matron.

25253.
25035.

359. There are male attendants, mostly old soldiers, who have been employed in lunatic asylums; they are mostly employed in lifting patients.

25054.

360. The number of women is 180 to 38 men. There is no committee of female governors; the suggestion had been made, but the witness considered that some of their patients were "a little injured by over sympathy;" he thought a ladies' committee would be disastrous, and a "thoroughly competent matron, a skilled woman such as they had now, would probably not at all please a ladies committee."

250–5.
25100–1.

361. A matron would probably not submit to the supervision of a committee of ladies. The witness admitted that a committee of ladies would probably discover much about the matron, and the management, of which he was now ignorant.

25140.
25134.
25213–5

362. The steward receives 150 *l.*, and board and lodging; he takes in the provisions and issues them, and has control of the male servants.

25065.

363. Food is contracted for; the contracts are made on the recommendation of the finance committee; the tender is not open, but a select number of tradesmen are sent to, and the witness considered that experience was against issuing tenders broadcast. The meat contract had been for some years in the hands of one man, and previously the contract was given alternately to him and another man. He had compared the prices paid with other institutions, "but not very frequently, because we are our own judges in the matter, and we have every reason to believe, at least we have good reason to believe, that the tenders are genuinely put in."

25068–74

364. The drains were under the steward's supervision; he was not a sanitary engineer, but if necessary, would consult the architect, who would know as much as any architect about drains.

25168–79

365. The medical officer receives 200 *l.* per annum, and is non-resident; a resident medical officer would not find sufficient to do. His reports are not filed, but he keeps the history and treatment of every case; he takes outside practice; if engaged when wanted, his partner would come, but this seldom occurs.

25272–4
25286.

366. There

366. There is a consulting staff. There is no paid chaplain, but voluntary service is performed from outside; the witness thought that a paid chaplain would lead to denominational difficulties. 25346.

367. In 1890 a letter was addressed by the Duke of Portland to the Board, bringing to their notice the "very general complaints which he heard on all sides about the management" of this institution. The points referred to in the letter are "food, "want of supervision," "management," and "general." Under the last head came "time for patients' meals," "neglect of religious needs of inmates." The points were replied to seriatim by the secretary, on behalf of the treasurer and the Board, and no further communication being received from the Duke of Portland, the management considered that the replies were satisfactory. One striking discrepancy between the reply of the managers and the evidence given by Mr. Andrew before the Committee is, that whereas the managers stated the meat contracts were open to competition, Mr. Andrew stated that such was not the case. In regard to the complaints and the reply, Mr. Andrew's evidence was that investigation was made. The committee of management went into the matter, as the house committee, on the spot. The evidence of the matron was taken, but the witness could not charge his memory as to others. He did not think it a case where evidence was necessary, and considered that the complaints were fully and fairly dealt with. Vol. II. Appendix I. 25394-5.

	£.
The receipts for the past year were - - - -	44,509
Expenditure (including pensions, 11,129 *l.*) about -	28,000
Balance - - -	£. 16,509

25107.

Queen's Jubilee Hospital.

368. Witness was the founder of the Queen's Jubilee Hospital; he calls it a general hospital. The witness is the medical officer of the hospital, and founded it in 1887; he took a house and supported the institution. After founding it he applied to a number of his own patients for funds. Benham, 23068-80.

369. He applied for assistance for funds to the Hospital Saturday and Sunday Funds several times without success. There were 10 beds always full. The institution has no money invested, and no London property. 23085.

370. There is a committee of management, and they used to meet regularly monthly. The affair is now in working order, but there is great difficulty to get funds to make both ends meet. By a clause in the rules until the hospital is self-supporting the witness is to bear the responsibility for the bills. 23155o.

371. There is a secretary at the rate of 2 *l.* per week: and two nurses, of whom one is a trained nurse, at 20 *l.* a year and board and lodging; and one of these two nurses is certificated. 23117-21.

372. There had been a ladies committee; its principal business was to organise entertainments, but as the latter had entailed pecuniary loss the ladies committee had been abolished. 23146-9.

373. The witness stated that he had lost over 5,000 *l.* through this concern. He maintained that the institution was very much wanted, as the patients were rapidly on the increase, and they saw 22,000 out-patients last year. 23128.

The London Homœopathic Hospital.

374. This hospital, stated to be the only homœopathic hospital in London, in Great Ormond-street, was founded in 1849. The utmost capacity is 90 beds, the working average 65. The remainder of the beds is unoccupied, partly for want of funds, and partly because by using the beds they would decrease the room for the nursing staff, which is very large and greatly used for private nursing. They are controlled by a board of managers and a weekly committee. It is a free hospital. 22072-85.

375. Their income last year exceeded their expenditure. They derived their funds from investments, subscriptions, donations, Hospital Saturday and Sunday 22100-6.

Sunday Funds, out-patients who pay 1 *s.* for a monthly ticket, and legacies. The legacies he considers might be fixed at from 1,500 *l.* to 2,000 *l.* per annum, and they constantly appeal to the public. They are appealing for 30,000 *l.*, of which they have received 27,000 *l.*, before re-building.

22113-20. 376. The contracts are made by the house committee. These contracts are not made from tender, but, comparing the prices paid by other hospitals, the witness considered that their prices were the lowest of any, and that the quality of the articles supplied was equal to that of any hospital. Complaints were very rarely made by patients as to the food or cooking.

22122-6. 377. A complaint would be dealt with by the secretary, and reported to the house committee. One member of the board of management is appointed to go through every detail of the income and expenditure before a statement is made to the board; and cheques are submitted to the board to be signed. That audit is made once a month. The whole accounts go into the hands of public auditors at the end of each year.

22136-41. 378. There are two resident medical officers. They are appointed every six months with salaries of 100 *l.* per annum for the senior, and 40 *l.* a year for the other, both with board and lodging. There is in addition to these two a medical staff of 16 members.

Gordon Hospital for Fistula.

20916-24. 379. This is a special hospital. People are admitted either free or by payment. It was founded in 1884 by medical men to meet the wants of people of limited means who are unable to pay the customary fees of private practice, and yet are not desirous of receiving free treatment in general hospitals. As to payments, they have two private rooms with one bed each, where the charge is three guineas a week. In the general ward it is two guineas per week, but the secretary has authority from the committee to reduce that amount if he considers the patient unable to pay it.

20925. 380. The out-patient department is free.

20929. 381. They have eleven beds, of which the average number occupied last year was nine.

20933. 382. In 1890 they had 513 out-patients.

20951. 383. There was a small deficiency last year, but for two or three years they have been able to pay their way.

20960. 384. The secretary's salary is fifty guineas.

20975. 385. The secretary stated that they had patients coming to this hospital who had not been able to obtain full relief at the General Hospital.

20982. 386. Patients are sometimes sent from country practitioners to the hospital, and occasionally from practitioners living in London.

DISPENSARIES.

387. There are several kinds of dispensaries :—

1. Provident.
2. Free or part pay.
3. Private.
4. Poor law.

388. The second of these classes, and generally to some extent the first, receive charitable support. Dispensaries belonging to the third-class are worked by doctors, in the way of business, and this class degenerates into what are known as "doctors' shops."

Bousfield, 1494; Fardon, 12983. 389. Most of the dispensaries are for general treatment, but a few treat special forms of disease only.

Provident Dispensaries.

390. The provident system, advocated by Sir E. Hay Currie, Mr. Bousfield, and other witnesses, has been worked in some instances with considerable success; but its development in London appears to have been checked by the free treatment given by the hospitals in their out-patient departments. Its fundamental principle is the payment of a regular periodical contribution in health and sickness, as an insurance of medical assistance whenever it is required. The principal organ for the promotion of the system in London has been the Metropolitan Provident Medical Association, a body which since its foundation in 1880 has opened and keeps open 15 dispensaries in different parts of the town, out of a total number of 35 or more institutions of this class. The objects of the association are, first, "to provide, upon principles of mutual assurance, by means of small periodical payments, efficient medical treatment and medicine for those members of the working classes and their families who are unable to pay the ordinary medical fees;" and, secondly, "to co-operate with the governing bodies of the metropolitan hospitals in order that they may be relieved of the large number of ordinary cases of illness that at present overcrowd their out-patient departments, and also have referred to them from the provident branches cases requiring special hospital treatment or nursing, or which are suitable for clinical instruction." The success of the movement has not been such as its promoters anticipated. The migratory habits of the London poor tell against the movement. Some districts are too poor to support dispensaries. The hospitals have not encouraged it, though some of their members have viewed it with favour; the fears of the medical officers for their schools seem more than anything to have operated against it. On the other hand a number of inferior dispensaries, of the kind known as "doctors' shops," have done much to discredit the system. A witness thought there was a public want of a properly organised provident scheme as a remedy for the mischief done by these very "doctor's shops." Then there are many friendly societies in London which provide medical attendance for the workman, but not for his family; while others provide sick-pay, but no medical attendance. It was hoped that many of the friendly societies would subscribe on behalf of their members to the provident dispensaries, and this to some extent they have done. Most of the dispensaries started by the association have their own buildings; but a few take the form of medical clubs, the members of which visit the doctor in his own surgery, or, if they are too ill to do so, are visited by him at their homes. As a rule the dispensaries which have been placed near hospitals have not prospered, and it has been necessary to close several of them.

Mackenzie, 2370–84; Waterlow, 2612–4; Corner, 24824–7.
Currie, 1718–19, 3123–4.
Browne, 3778, 3789.
Bousfield, 1454–94.
Vol. 1, Appendix C.
Holmes, 768–78; Hardy, 875–84
Alderson, 16665–6.
Montefiore, 37.

Byers, 16753–5; Curnow, 19010–1.

Barker, 16037; Cheadle, 20313–14.
Wallace, 21231–44; Bousfield, 1488;
Wood, 1683–4; Currie, 1795;
Bhabha, 3858–81.

391. The system adopted by the Metropolitan Provident Medical Association is that each subscriber is entitled to choose his own doctor from the medical staff, and then one-half of the members' contributions is distributed among the doctors in proportion to the number of patients registered under their respective names. The figures following in the text appear to show that more than one-half of the subscriptions goes to the doctors. A provident club was mentioned where the medical men take two-thirds. The doctors at the provident out-patient department of the Metropolitan Hospital are paid a fixed salary. The amount so distributed in 1889 was 1,915 *l.*, amongst 71 medical men, including dentists. Experience has shown that these dispensaries require time and a large number of subscribers before they can become self-supporting. It is roughly estimated that it takes from 200 *l.* to 300 *l.* to start a dispensary and maintain it for a time, until it approaches self-support. But the opinion was expressed that if the provident system is to be a success it must show its ability to hold its own, independent of charity. The number of persons entitled to treatment at the association's dispensaries was said to be over 25,000, and to be on the increase; and the payments in 1889 came to 3,066 *l.* The terms are:—1 *s.* on entrance, whether on a family or single card: then after four weeks the benefits of membership begin, and the contributions become payable at the following rates: single persons, 6 *d.* a month; man and wife, without children, 10 *d.* a month; children under 16, 3 *d.* a month each, not more than four in a family being charged for. Persons receiving more than 30 *s.*, or, in case of a family, 40 *s.*, a week are not generally eligible. Persons not being members, and requiring immediate attendance, are charged an entrance fee of 2 *s.* 6 *d.*, which entitles them to attendance for the first week, and afterwards 1 *s.* a week

Bousfield, 1456.

Kay, 4524–7.
Currie, 1846.
Bousfield, 1468–9
Loch, 26160.
Bousfield, 1472.
Currie, 1858, 1886, 1904.

Bousfield, 1478.

a week at the dispensary, or 2 *s.* 6 *d.* at their homes, There is a midwifery fee of 21 *s.* or 7 *s.* 6 *d.* for a midwife. Special terms are allowed to friendly societies, and to any considerable bodies of working men joining together.

Montefiore, 104.
Currie, 1824–6, 3122

392. At some provident dispensaries there are two or more distinct scales of payment according to the earnings of the members, and the payment is sometimes as low as 1 *d.* a week, a sum which it was thought the very poor could afford, and would be willing to pay.

393. A committee formed of medical and lay members for the purpose of organising medical attendance, which was appointed in 1886, and of which Sir Spencer Wells was chairman, made certain recommendations with respect to the co-operation of these provident dispensaries with the hospitals, the chief of which were that the medical officers of the dispensaries should be entitled to send cases for consultation or treatment, and that the hospitals should be at liberty to retain any case so sent; that the daily number of out-patients at the hospitals should be strictly limited; that agents should be employed both by the hospitals and by the dispensaries to inquire as to the circumstances of applicants for treatment that patients unsuitable for a hospital should be referred to a dispensary; and that hospital students should be permitted, under suitable regulations, to attend the practice at the dispensaries.

Woods, 1554, 1557; Bhabha. 3902–3, 3948–51.
Currie, 1760, 1852.
Sandiland, 19754–67, 19775–6.
Byers, 16757; Wallace, 21203–8, 21255.

394. The objections raised by general practitioners to the out-patient departments of hospitals applied equally, in the opinion of some of them, to the provident dispensaries; and, as has been already shown,* the provident out-patient department of the Metropolitan Hospital, which is in fact a provident dispensary attached to the hospital (and where the rates of payment are exceptionally low), was, more than almost anything else, the object of their attack. The answer of the promoters of the provident system was that by the application of the wage-limit to the applicants for admission to the dispensaries the interests of the general practitioner were sufficiently safeguarded. One witness, however, who had been attached as a medical officer to a provident dispensary, declared that he had come to a conclusion unfavourable to the system as it was actually worked, on the ground that many people were admitted as subscribers who were not properly qualified by their poverty for admission.

Currie, 1728, 1859, 1927–30, 1934–7, 3138, 3140.
Mackenzie, 2284.
Corbyn, 3666.
Kay, 4518–37, 4548–58.

Locke, 19793–801.

395. Reference was made in a previous page of this summary to the crushing effect of the out-patient departments of the hospitals on provident dispensaries,† to the existing want of co-operation between hospitals and dispensaries, ‡ and to the slight success with which the movement in this direction has hitherto been attended. There was also a considerable weight of evidence in favour of the view that the provident dispensaries should stand in the place of the "family doctor" to the working classes, and should be affiliated to the general hospitals, so that the latter might take the place of the consulting physician. This scheme of affiliation was closely connected with that (already referred to §) of forming districts for medical relief, each district containing its own hospital, and affiliated dispensaries. The general hospitals seem never to have taken up the idea. There seems to be a feeling that such a plan cannot be made to work unless the dispensaries are officered from the hospitals, and not from the profession outside; but against this is the contention that they ought to be in the hands of the general practitioners whose practice is affected by them.

1259, 1719, 3767–9, 16649, 1268–74, 1363–7, 1717, 1794–1800, 3133, 22999. 2042, 2109, 8745, 10015, 10436, 10636, 11240–3, 15426, 25834.

20314–5, 20324.

Kay, 4548.

Free and Part-pay Dispensaries.

396. It seems that in 1887 there were 39 of these institutions in London; their number is said to have largely increased, and it is claimed for them, or at all events for some of them, that they are doing a great work; and the secretary of one of the chief among them declared himself satisfied that those whom it relieved were unable not merely to pay a doctor, but even to contribute to a provident dispensary. It is needless, however, to repeat here that they are looked upon with disfavour, both on principle by some of the advocates of the provident system, and also as a practical and personal grievance by general practitioners (especially those who take small payments), who complain of their loss of patients and diminished fees. There are said to be eight of these so-called "2 *d.* dispensaries" in the neighbourhood of St. Bartholomew's Hospital.

Montefiore, 21, 27.
Faulkner, 21997–9, 22019.

Bousfield, 1268.
Dawson, 25631–3, 25638–42.

397. Evidence

* *See* page xxxviii. † Page xxxvii. ‡ Page xlvii, § 250. § Page xlvii, § 252.

397. Evidence concerning the organisation and working of two of these institutions was taken from witnesses directly concerned in their management.

398. The first of these, the Westminster General Dispensary, situated in Soho, was founded in 1774. It relieved 4,600 patients in 1890, of whom 780 (living within half a mile) were visited at their own homes. Admission is by letter, without payment; the letters are given by subscribers, but a patient coming without a letter can buy one for a shilling; cases of great urgency and people of colour are treated free, without letter, but there is no difficulty in getting letters. A subscriber's letter admits to eight visits, a bought letter to four, but it can be renewed for an additional 6*d*. The average number of attendances for a single patient is only about four; and the average cost of each patient is estimated at from 2*s*. 1*d*. to 2*s*. 6*d*. This dispensary is governed by a committee of 20, mainly tradespeople in the neighbourhood, elected by the governors, together with the senior physician and surgeon. There appear to be about 150 subscribers, and a guinea subscription entitles to 20 letters. No organised system of inquiry into the circumstances of applicants exists; it is stated on each letter that, "The bearer should be an industrious and respectable poor person (not in receipt of parish relief), who is unable to pay a medical man for advice and medicine;" and the onus rests on the giver of the letter to satisfy himself that it is properly bestowed. The senior physician fully admitted the obligation to avoid competing with the general practitioners; abuses, he thought, did occasionally, but not often, creep in, from a want of discrimination in the giving of letters. The secretary said there was no difficulty in getting a subscriber's letter. Home attendance is given only to those patients who live within half a mile and are too ill to come to the dispensary. The year's expenses are stated to be 490 *l*., and the receipts 507 *l*., comprising annual subscriptions, 208 *l*.; dividends, 80 *l*.; rents (from letting part of the building), 57 *l*.; grant from Sunday Fund, 36 *l*.; from Saturday Fund, 53 *l*.; payments by patients, 56 *l*. The medical staff consists of three physicians, three surgeons, and a resident medical officer, who receives 110 *l*. a year and lodging, and whose chief duty is to visit patients at their homes.

James, 21824–95 Johnson, 21896–972.

21907–8.

Johnson, 2197–8.

399. It will be seen that the dispensary just noticed is conducted on the principle of admission by letter only, and free treatment. The next one, the Royal General Dispensary, in Bartholomew Close, is a type of a part-pay dispensary. This (the oldest in England) was established in 1770; for many years it was entirely free; but since 1865 a charge of 2 *d*. has been made for a week's medicine; those who cannot pay it are advised to go to a poor-law dispensary. The managers are very desirous neither to interfere on the one hand with the medical profession, nor to take pauper cases on the other. Patients are required to bring letters of recommendation, this rule being only relaxed for urgent cases. Twelve letters are given for a guinea subscription. The annual expenditure is about 900 *l*., the income about the same. The subscriptions for 1890 were 374 *l*.; donations, 86 *l*.; patients' pence, 113 *l*.; Hospital Sunday Fund, 52 *l*.; Saturday Fund, 22 *l*. The staff consists of two physicians, two surgeons, a consulting physician, a consulting surgeon, and a resident medical officer, the latter receiving a salary of 130 *l*., rising to 150 *l*. A new patient is first seen by this officer, who questions him and satisfies himself that it is a suitable case, before assigning him to one of the other members of the staff; and it is thought that the charity is little abused, though no systematic inquiry is made into the circumstances of applicants. The resident medical officer also visits patients at home, including infectious cases. Urgent cases are seen at all hours; 5,273 new cases were seen at the dispensary in 1890 (13,800 attendances); and 3,769 visits were paid to 1,015 patients at their homes. The average cost of a patient is estimated as high as 3*s*. 4 *d*. The institution is managed by a committee of 24, elected by the subscribers, six of whom go off every year. The accounts are audited by two of the subscribers. It was the opinion of the secretary that the trouble of getting a letter, and the obligation to pay the 2 *d*., kept away a great many trivial cases, and that the cases treated were, on the average, more serious than those in the out-patient department of a hospital. It was argued that the fact that these institutions could live beside the free out-patient departments was a proof of the superior treatment which they offered.

Faulkner, 21973–22071.

Hardy, 817–27; Garioch, 4718.

Corbyn, 3862.

400. The Western General Dispensary was mentioned as treating over 25,000 people in the year, with a drug bill of only 265 *l.*

Thomson, 4344–6, 4359–70.
Garioch, 4706–8.

401. Admission to dispensaries of this class appears to be in general by letter only, except in cases of great urgency. In some cases the subscriber is entitled to a certain number of free letters, and of part-pay letters, and the medical officer may have power to remit the payment of 6 *d.*, or whatever it may be, in cases of extreme poverty. The duty to see that a case is a fit one for treatment rests with the giver of the letter. The tendency to abandon or at least to modify the system of free treatment in favour of the part-pay system, which has already been noticed in the hospitals, is also apparent in relation to the charitable dispensaries. The Tower Hamlets Dispensary, an institution of old standing, has adopted it of late, the charge to paying patients being 6 *d.* for the first and 3 *d.* for every subsequent visit. The average cost of an out-patient is rather more than 2 *s.* A proposal to extend the provident system to this dispensary was favourably considered, but at the last was thrown out by the general committee; and a similar attempt seems to have been made, with the like result, in two other cases.

Thomson, 4371–3, 4435–44.
Garioch, 4704–29.
4729.
Bousfield, 1271.
Bousfield, 1270.

402. It was said that the subscriptions to dispensaries of this class had fallen off very much in recent years.

Private Dispensaries.

Bousfield, 1458, 1488; Currie, 1761, 1795.

403. The private dispensary does not enjoy a very high reputation. It was spoken of in terms of strong disapproval by witnesses who approached the subject from the public or charitable point of view, and by the supporters of the provident system, who complained that it had brought discredit on the name of dispensary; while by some medical witnesses its existence was regarded as a mark of professional degradation, an injury alike to the sick poor and to the struggling practitioner, and (as already noticed) an indication of the straits to which the profession is reduced by the competition of hospitals and other charities. It is said that the advice given at these private dispensaries is inferior; that indeed the fees charged are so small that it could not be otherwise; the patients have to be attracted by a system of advertising, and are sometimes treated by unqualified men acting as assistants to the doctor in whose name the business is carried on. One case was mentioned of a man having 25 dispensaries at once, but in this case it was not alleged that the assistants were unqualified. These places are said to have increased very largely in numbers in East London during the last 10 or 15 years. One witness, while not rating highly the character of the treatment given at them, thought they were at least an improvement on the old state of things, when the poor used to be prescribed for at the druggist's shop; but another stated that people are now driven to the druggist because the private dispensaries have been extinguished, mainly through the competition of the hospitals. A medical witness, who had himself kept a dispensary at Battersea, and who seems to have had a good deal of success in the venture, expressed himself as having been struck with the respectability of the patients and the readiness with which they paid their fees; in that case the very poor seem to have been in a minority.

Alderson, 16646–7; Dowse, 19702. Wallace, 21229–68, 21278. Woods, 1680, 1583–5; Bhabha, 3959.
Corbyn, 3668, 1370; Gould, 14853, 14861; Wallace, 21282.
Corner, 24828–32.
Kay, 4478–82, 4613–7.
Farmer, 3331–50, 3449–52.
3377, 3421.

Poor Law Dispensaries.

Bridges, 23169, 23355–71, 23378–90, 23451.

404. The establishment of poor-law dispensaries in London dates from 1870; there are now 44 of them. In 1890 nearly 120,000 orders were given to medical officers for attendance on patients, 53,572 being seen at their own homes, and 59,149 at the dispensaries; and there were over 10,000 chronic cases having permanent orders. It is calculated that there are about eight attendances on the average on each order. In the larger parishes there are three of these dispensaries, and in most of the others two; they are under the control of the guardians. They employ 158 medical officers at an average salary of about 115 *l.* The cost for drugs and appliances in 1886 was 7,000 *l.* The cost per patient (cost of drugs and salaries being included) is estimated at 4 *s.* 3 *d.*

405. It

405. It has already been noticed* that the opponents of the out-patient departments of the hospitals look to the poor-law dispensaries to provide for the wants of the very poor who cannot either pay for their own doctor or subscribe to a provident institution. Favourable opinions were expressed of the quality of the treatment afforded at the poor-law dispensaries in London; but it seems that at present the number of persons annually treated at all of them together (exclusive of those who are visited at home by the district medical officers) are little more than one-half the number of the out-patients at the London Hospital alone. It was alleged that there are medical officers at these dispensaries who do not get three cases a week; in short, that these dispensaries are, in a sense, starved by the hospitals, just as the provident dispensaries are starved by them.

Hardy, 935-40, 948; Bousfield, 1266; Currie, 1794-6; Corbyn, 3648; Burdett, 25834.
Hardy, 920-1.
Burdett, 25807.
Hardy, 975; Bousfield, 1331.

406. It was suggested that any great diminution in the charitable relief afforded to out-patients might have the effect of sending great numbers of people to the poor-law dispensaries, and thus throwing on the rates the cost of providing free medical assistance for many who were not entitled to it. But, on the other hand, it was thought that, notwithstanding the fact that the receipt of medical relief under the poor law does not disqualify the recipient from the exercise of the franchise, the obligation to obtain an order from the relieving officer carried with it a stigma which would keep the poor-law dispensaries free from any great amount of abuse. One witness, however, was of opinion that the objection to receiving this kind of assistance from the rates was disappearing, and the evidence referred to in 416 confirms this view.

Hardy, 976-85, 1026-32; Currie, 1829-31.
Bousfield, 1332.

HOSPITALS OF THE METROPOLITAN ASYLUMS BOARD.

407. The hospitals belonging to the Board consist of three imbecile asylums, five fever hospitals, and a convalescent fever hospital, three small-pox ships in the Thames at Long Reach, and the Gore Farm Hospital for Small-pox at Darenth. For fever and diphtheria, 2,429 beds are available, and 1,150 for small-pox. Cases of measles and whooping-cough are not taken. The total number of fever cases treated in 10 years was 38,433, and of small-pox cases, 26,357. In June 1891 the South Eastern Hospital, with 462 beds, had only 150 patients; the lowest record for several years.

Mann, 24508-699.
McCombie, 25444-5.

408. Until recently, patients could be admitted only on the order of the relieving officer and district medical officer, so that these hospitals were open only to poor-law cases. Since 1889 this restriction has been removed, and non-pauper patients are now received. The cost of every patient is charged to his parish or union, but the guardians have had, until the present time, power to recover the cost of maintenance from those who were able to pay. Now, however, under the Public Health (London) Act, 1891, this power has been taken away, and every inhabitant suffering from any dangerous infectious disease will henceforth be entitled to free treatment at one of these hospitals. On receipt of notice of an infectious patient being in any hospital or elsewhere, the Asylum Managers will, at once, send an ambulance and have him removed.

24653-4.
Steele, 358; Currie, 1739; Waterlow, 2562; Nixon, 15560.

409. The usual medical staff of one of these hospitals consists of a superintendent and two or three assistants, but the number of assistants fluctuates according to the pressure of patients. The superintendent's salary ranges from 400 *l.* to 500 *l.* a year, with residence, &c. Each hospital is under the control of a committee of the Board, which meets once a fortnight, and receives the officers' reports, inspects books, &c.

Mann, 24554-8; McCombie, 25443 25446, 25,3435, 25461-3, 25478-81.
Burdett, 25678.

410. At times the hospitals have been much crowded, the largest number hitherto under treatment at one time being 2,611, or nearly 200 over the normal maximum. In times of great pressure temporary huts have been erected and other accommodation hired. The medical, nursing, and subordinate staffs are reduced as opportunity offers. Figures were given showing the great variations in the prevalence of the different diseases, and showing the cost of the hospitals, the number of deaths, &c.

Mann, 24563-70.
24578-609, 24655-9.

411. A recent

* Page xl, § 203.

Mann, 24524–9, 24668–9, 2468–4 24695–8.

411. A recent Act (The Public Health Act, 1891) has given power to a magistrate to direct the detention in hospitals of persons suffering from infectious diseases, in cases where they appear to have no proper place to go to outside the hospital. The hospital authorities have not themselves any power of detention; but it was said that a pauper patient received from the workhouse would not be discharged except back into the workhouse.

Currie, 3025

412. An advantage claimed for such a body as the Asylums Board having a number of hospitals under their management, was that, in times of pressure, ready information could be obtained where beds were vacant, and to which hospital each patient should be sent.

Mann, 24545–53; M'Combie, 25458–60, 25467–9. Hardy, 924–6; Currie, 1750–1; Waterlow, 2845; Mackenzie, 9158–9 Clark, 9718–22; Gould, 14852; Curnow, 18993, 19002–6.

413. These hospitals were, till quite recently, closed to medical students; but (by the Poor Law Act, 1889) statutory authority has, at length, been given to the Managers to admit students under regulations made by the Local Government Board, and accordingly advantage is now taken of these institutions for purposes of instruction. At the Eastern Hospital there were, in one term, 15 students. The teaching is done by the medical superintendents, who appear to approve of the new arrangement, and to be quite willing to take their share in working it. But the system appears to have hardly yet been brought into full operation. The ignorance of infectious fevers which hitherto has prevailed among young practitioners was strongly animadverted upon, and it is too soon to judge whether the new regulation will remove this defect in the efficiency and completeness of medical education. Complaint was made of the difficulty of attending at these fever hospitals by reason of their distance from the medical schools. Each student has to pay three guineas for the right to attend during three months.

Savill, 24375–6.

POOR LAW INFIRMARIES.

Metropolitan Poor Law Act, 1867.

414. These institutions have been established under an Act of Parliament passed in 1867, known as Gathorne-Hardy's Act, before which time the accommodation provided by the poor law for the sick was in the sick wards of the workhouses. The number of the new infirmaries is at present 24, containing 12,445 beds; but a large proportion of the sick are still kept in the workhouses, the returns for 1890 showing about 4,000 occupied beds and 2,865 deaths in the workhouses, while 8,375 persons died in infirmaries. Bethnal Green is still without an infirmary separate from the workhouse, and some particulars respecting it will be given later on. Evidence respecting the general organisation and working of the infirmaries was given by several medical superintendents, as well as by Dr. Bridges, the Chief Inspector of the Local Government Board, and by Miss Twining, who, as a guardian, had given much attention to the subject.

Bridges, 23169–72.

Twining, 22640; Bridges, 23173.

Gross, 23452–628; Lunn, 23760–24063, Savill, 24170–399; Hopkins, 24400–507.

Bridges, 23391.

Bridges, 23185–7, 23301–3 Twining, 22798.

415. The infirmary in nearly every case is a separate building from the workhouse, and is not always situated in the union to which it belongs: the St. Saviour's Infirmary, Southwark, for example, is at East Dulwich, and the Marylebone Infirmary is at Wormwood Scrubs. Dr. Bridges thought that inconvenience would result from the removal of the infirmary to any considerable distance from the locality which it served, both because of the difficulty of transporting large numbers of patients, and because of the dislike of the poor themselves to being removed far from their friends. The number of beds varies, but in the case of one infirmary is as high as 786, while there are others with over 700, and at times the wards of some of them are overcrowded. The medical staff of the largest consists only of the superintendent and one assistant (or at most two), who have not merely to attend to the medical wants of the patients, but are responsible for the whole management of the establishment in all its details, with the assistance of a clerk, dispenser, steward, and matron (sometimes also an assistant matron) as subordinate officers. This staff was considered to be inadequate by more than one of the superintendents. In an infirmary of 700 beds there would be, according to custom, in all three medical men, which Dr. Bridges considered would be an "extremely small staff." It was suggested that senior students or newly-qualified men might also be usefully employed as clinical assistants; but another witness declared himself well satisfied with the existing arrangements, and complained rather that the hours

Bhabha, 3904–7, 3920, 3943–6. Dowse, 19678–83. Bridges, 23204–7. Lunn, 23788.

hours of duty were too long than that the actual work was excessive. The Government Inspector considered the staff extremely small, in fact insufficient.

416. The salary of a superintendent varies from 300 *l.* to 500 *l.* a year. On his appointment he is usually a young man with a few years' experience. His assistants are usually men who have quite recently passed their qualifying examinations. The chronic nature of a large proportion of the cases in these infirmaries is what makes it possible to do the work with so small a staff. Many of the cases are such as would under the old system have been treated at their homes by the parish doctor. Many patients are sent on to them from the general hospitals, either as being unsuitable for a hospital, or after receiving all the relief which can there be given; and at the infirmary, if they are incurable, they remain till they die. Sometimes a broken leg is set at the hospital, and the patient sent to an infirmary for completion of the cure. The poorest class which is treated in these poor-law institutions is, in fact, better provided for in this respect than the poor class just above the pauper class, for whom except in a few charitable institutions, such as the Cancer Hospital, and the Hospital for Incurables at Putney, no hospital accommodation is provided when they are suffering from chronic or incurable complaints. The poor, it seems, do not generally regard the infirmary as they regard the workhouse; they look upon it rather as a State-supported hospital; they come to the infirmary, are cared for, cured, and go out again, without feeling that they are tainted with pauperism. Some of them (about 10 or 12 per cent. according to one witness) contribute to the cost of their maintenance; the guardians recover from them what they can, but Mr. Bousfield remarked that there was the gravest difficulty in getting payment, even in cases in which there was every reason to believe that it ought to be made. Many patients are artizans in receipt of good wages. It would seem, in short, from this point of view, that the excellence of the infirmaries and their separation from the workhouses are likely to exercise, and in fact do to a greater or less extent exercise, a distinctly pauperising effect on the poor, by keeping them away from provident clubs, and preventing the formation of provident habits. It is true that an order has to be obtained from the relieving officer to the district medical officer;* but it seems that the stigma is hardly felt even by those to whom the idea of entering the workhouse would be in the highest degree repugnant. It was the opinion of one medical superintendent that the discipline was too strict to admit of much abuse in the class of patients admitted, and that the infirmaries do not really interfere with the provident clubs. Another was less sure of this; but was confident that the infirmaries did not tend to promote pauperism. There was a complaint of the difficulty of dealing with patients who misconduct themselves, and with those who go in and out, and will not remain to be properly cured. It was suggested that a limited power of detention would go far to put a stop to these inconveniences, and (as regards lying-in cases) that they should be passed through the workhouse. Dr. Bridges, while of opinion that many people came to the infirmaries who would not have gone to the workhouse sick wards, believed that cases of the admission to infirmaries of persons who could afford to pay for their maintenance and treatment were rare, and that the number of provident medical clubs had actually increased of late.

Bridges, 23216–8.

Bridges, 23329–36, 23343–5, 23446–9; Waterlow, 2796–8, 2807.

Gross, 23553–4.

Bousfield, 1332–4; Currie, 1832, 1836–7; Barnes, 13817 Bridges, 23349, 23396. 3561–2, 23348, 24287.

23577–91, 23626, 23824–6, 23846–8, 23975–80, 24282–6, 24378–93, 24486–9, 24763–4.

24057–60, 22697–8.

23340–2, 23349, 23396, 23420–6.

417. Some discussion took place regarding the treatment of very acute cases, and the performance of the more serious surgical operations at infirmaries; and it was urged, as one of the reasons for a more complete system of co-operation between the different medical organisations, that all such cases ought to be transferred to a hospital. In this matter there is at present no systematic practice. Some superintendents of infirmaries occasionally send a case to a hospital, and there seems no reason to suppose that the hospitals are reluctant to receive such cases; some superintendents operate to a great extent themselves; others are in the habit of calling in professional men from outside, both for consultation, and in some cases for assisting at important operations; and some boards of guardians occasionally will pay fees for such assistance. This, however, appears to be the exception, and there is no great difficulty in getting members of hospital staffs and medical men generally to come in and see

Tait, 2 353. Twining, 22777–82.

Bridges, 23346.

23222–4, 23619, 23930–4, 24339–44.

* Urgent cases, if the applicants appear to be paupers, are admitted without an order, and are investigated afterwards. (23950–69.)

see the infirmary patients without payment. The need, however, of regularly employing the services of consulting officers in the infirmaries was urged by one witness, not with a view of introducing any radical changes in the existing system, or removing from the superintendent any part of his existing authority or of his general responsibility as head of the establishment, but in order to relieve him of a certain portion of responsibility in deciding on the performance of dangerous operations, and in the treatment of specially critical cases, a responsibility which, it was argued, ought not to be imposed upon the unassisted judgment of one man. Dr. Bridges suggested that the insufficiency of the medical staff (the existence of which he admitted) might be supplemented either by means of an honorary visiting staff for consulting purposes, or by the appointment of additional resident doctors to assist the superintendent, or again by the admission of a certain number of senior students to act as dressers and clinical clerks.

Vallance, 24772.

Bridges, 23205–

Twining, 22686–9.

418. One criticism passed upon the existing system is, that the responsibility of the medical superintendent for the general control of the whole establishment in all its branches is incompatible with the proper discharge of his duties as a doctor, and it was suggested that the infirmaries should be placed under lay superintendents. Birmingham was mentioned as a place where this system had been adopted and worked successfully. Dr. Bridges appears to have thought that unless the services of a thoroughly efficient consulting staff were obtained, it was undesirable to do anything which would lower the position of the resident medical officer.

Bridges, 23373–5.
Lunn, 23791–2.

Infirmaries efficient, but not sufficient.

419. Notwithstanding, however, the objections and suggestions already mentioned, and certain proposals for reform which still remain to be noticed, the evidence on the whole appears to indicate a general recognition of the high standard of efficiency attained by the best of the new infirmaries, both in their structure and in their general arrangements and management. The question was raised, however, whether the accommodation afforded by them was sufficient in amount for the needs of the metropolis. It has already been said that a large number of the sick poor have still to be accommodated in the sick wards of the workhouses, many of the less severe cases being retained there; while in times of pressure these sick wards have to accommodate many sick people who cannot be received in the infirmaries. In some cases the superintendent of the infirmary is in general charge of the sick wards of the workhouse; but where the two buildings are far apart this is not found practicable, and a medical man is appointed to visit the latter as often as he thinks necessary. But in either case the medical supervision is less efficient in the workhouse, while the nursing is altogether inferior; the evidence clearly indicates the great superiority of the treatment in the newer institutions; and several witnesses, including the medical inspector of the Local Government Board, considered it desirable that the accommodation in infirmaries should be increased, so that they might take in a large proportion of patients who have now to be retained in the workhouse.

Montefiore, 203; Dowse, 19620; Twining, 22720–3 Burdett, 25705–7.

Bridges, 23304–16.

Bridges, 23392–3.

Bridges, 23172–82, 23317–20, 23398–404.

Bridges, 23317–20, 23441– ; Twining, 22801; Savill, 24294–5 24351.

Central London District.

420. This want of accommodation is seriously felt in some districts; the three unions of the Strand, St. Giles's, and St. James's, Westminster, for example, have only a single infirmary (the Central London Sick Asylum in Cleveland-street) among them, which contains no more than 264 beds, while Bethnal Green has none at all.

Twining, 22702–4; Bridges, 23178–86.

Bethnal Green.

421. The last-named union has been singularly unfortunate. The Committee were informed that the guardians have long been contemplating the building of an infirmary, but that hitherto they have not succeeded in obtaining a site. It appears that much local opposition was offered to the appropriation for this purpose of an open space which was considered eligible, and the Charity Commissioners, whose consent was necessary, have, in consequence, withheld their sanction to the sale. The medical officer of the workhouse expressed in strong terms his condemnation of the existing state of things. The clerk to the guardians spoke less strongly, but recognised the necessity of providing fresh accommodation as soon as possible, and admitted the serious extent to which the workhouse was now at times overcrowded. The evidence shows that the number of sick beds is 495; but the sick sometimes in the winter exceed that number by very nearly 100, for whom extra beds

Knox, 24064–169; Howard, 24701–48.
Bridges, 23394–5, 23407–9, 23438–40

beds have to be put up, and additional wards have to be taken in from the workhouse proper.

422. Strong representations of the necessity of taking steps to supply these deficiencies have been addressed by the Local Government Board to the guardians, both of Bethnal Green and of the three unions contributing to the Cleveland-street Asylum.

Bridges, 23181, 23410.

423. There is no system at the infirmaries, as there is at the hospitals, of keeping a certain margin of beds vacant to meet contingencies. The infirmary is used, in times of pressure, up to its full capacity, and is sometimes crowded with supernumerary beds. The Whitechapel Infirmary is said to have some 10 per cent. more patients than its proper complement; and the regulation allowance of 850 cubic feet of space per patient would in some cases be reduced to about 650 cubic feet. Boards of guardians can enter into voluntary arrangements among themselves for relieving the pressure; and this is done sometimes, but not very often, in one institution by transferring patients to another.

Pressure on accommodation.

Bridges, 23296–7, 23411–7; Lunn, 23768; Savill, 24290–3.

424. The average annual cost of an occupied bed in one of the infirmaries is estimated at 35*l.* 17*s.* 4*d.* The wide difference between this sum and the cost of beds in the general hospitals was used by some witnesses as an argument for inferring a great amount of extravagance in the latter institutions. It has already been pointed out that inferences drawn from the supposed cost of beds are not to be relied on, unless full allowance is made for several factors, the force of which cannot accurately be ascertained. In any comparison between hospitals and infirmaries, the expenses of nursing (so much heavier in the former than in the latter), and of the medical schools, must in particular be discounted.

Cost of Infirmaries.

Bridges, 23350–2.
Dowse, 19729; Vol. 2, App. D.
Hardy, 1180; Mackenzie, 2312–6.
Bousfield, 1375; Waterlow, 2658–60.

425. Each board of guardians makes its own contracts for drugs and other stores; and the prices paid are said to vary very much. The food appears to be generally satisfactory. The medical superintendent appears to have a full discretionary power to order whatever he deems requisite for his patients, without any fear of being surcharged by the auditor.

Bridges, 23278–89, 23405.
Twining, 22715–8, 22732, 22773.
Savill, 24018–20, 24366–71.

426. It remains to notice a body of evidence in favour of a reform which, though it was advocated rather in the interests of the public and of the medical profession than of the infirmaries themselves, would, it was thought tend very materially to raise their efficiency, and to remove the complaints (already referred to) of the inadequacy of the medical staff belonging to them. The opinion was repeatedly and almost unanimously expressed by a great number of witnesses, both medical and lay, that by the exclusion of the medical profession and of medical students from the infirmaries a most valuable field of study and of practice was closed to them, and that their admission, under proper conditions and limitations, to the infirmary wards could produce nothing but good results to medical science, the profession, and the public.

Question of opening infirmaries to medical profession and students.

Montefiore, 193–211; Steele, 435–9, 445; Currie, 1741–2, 1749; Anderson, 16481.

427. The existing prohibition on the admission of students is not found in the statute under which the infirmaries have been established, but was, the Committee believe, inserted in a subsequent Act in consequence of a fear that the poor would object to their presence. The experience, however, of the large hospitals does not seem to give any countenance to this opinion, and the evidence of witnesses of long experience in visiting the sick poor was altogether opposed to it. Indeed, the presence of a great many "doctors" attending to his case is said to be in many cases a source of positive satisfaction to the patient. At the same time, boards of guardians do not, as a rule, regard favourably the proposal to admit students. They are afraid lest the admission of professional men from outside should tend to take the power out of their hands and to undermine discipline, and also lest it should lead to increase of expenditure. The necessity of due safeguards was admitted, but with proper organisation it is thought that the risk would not be serious.

Prohibition on admission of students.

Waterlow, 2844; Bousfield, 1307, 1344–6; Currie, 1786–7; Clark, 9728–31; Morris, 14837–8; Barlow, 15975; Dowse, 19647–9, 19684–5; Twining, 22740–2, 22783–5; Bridges, 23211; Vallance, 24780.

Waterlow, 2853, 2874–7; Twining 22786; Savill, 24359; Vallance, 24774–5.

Waterlow, 2845, 2861, 2869. Savill, 24378.

428. Upon the question of the value of infirmary cases for purposes of instruction, the evidence appears to admit of but one conclusion.* To the argument

Importance of infirmary cases to medical education.

Montefiore, 219; Steele, 442–7; Hardy, 892.

* Some few witnesses thought there were few cases in the infirmaries that would be interesting or useful to students, or that could not be seen in the hospitals (Brodhurst, 4076–81; Lunn, 23827–8, 23850–9; Hopkins, 24468); but the contrary opinion was decidedly more general. One witness thought there would be a difficulty to get students to attend at the infirmaries before they got their diplomas (Holmes, 781–2).

Waterlow, 2860, 2865 ; Currie, 2993 ; Farmer, 3489 ; Thomson, 4352-3 ; Fenwick, 7687 ; Ord, 11292-4 ; Fardon, 13014 ; Barnes, 13811 ; Morris, 14831. Corbyn, 3677 ; Clark, 9724-7 ; Owen, 12506 ; Dent, 15437-8 ; Bury, 16609 ; Tait, 22303, 22374, 23379-81, 22393 ; Savill, 24200-1. 24307-8, 24374.

argument that the hospitals have patients enough for their schools, and that the infirmaries contain little of interest for the student, the reply comes from all sides that the infirmaries afford a field for the study of precisely those chronic and intermittent cases which the young doctor will frequently meet with when he goes out into private practice, and which, at the same time, he has the least opportunity of studying in the wards of a general hospital, where all the cases are severe and acute. Just as the out-patient department shows to the student the beginnings of disease, so in the poor-law infirmary he ought to watch its continuing and closing phases.

Admission of students advocated by poor-law authorities.

Twining, 22740 ; Bridges, 23210, 23295 ; Gross, 23603-7. Currie, 1741 ; Vallance, 24779 ; Gross, 23609.

429. But it is not only those who speak in the interests of the profession and of science who support the admission of students to the infirmaries. These interests and those of the infirmaries and their inmates appear, according to the evidence coming from the infirmaries and poor-law authorities themselves, to be, in this case, identical. Nothing, it is said, checks any tendency to dull routine, and to the habit of careless diagnosis to which men are subject who have a constant succession of similar cases to deal with, so much as the presence of a class of students.

Modes of utilising infirmaries for students.

Waterlow, 2846 ; Allchin, 15335-41; Vallance, 24776-8.

Clark, 9717 ; Dowse, 19620 ; Bridges, 23372.

Moore, 10643-6, 10733.

Bury, 16610-5.

Lunn, 24015-7.

Bridges, 23207, 23375.

Savill, 24187-8, 24375-7.

Savill, 24266-79.

430. As regards the particular way in which the infirmaries should be utilised for the purposes of instruction, it was not generally proposed that the infirmaries should have schools of their own, but rather that students from the general hospitals should be admitted from time to time to study the cases. One proposal was that the clinical teacher from the hospital should be allowed to bring his class at stated times, and give his explanations, assisted by the medical officer of the infirmary, while some of the students should attend at the infirmary to give assistance (unpaid) in dressing. This plan appears to be the one adopted in America. One witness thought that the admission of students to the wards would be of little use, unless a first-rate teacher from the hospital was allowed to accompany them. On the other hand, there was a fear that some difficulty might arise with the medical officer of the infirmary in carrying out such an arrangement, but the superintendent of one of the infirmaries himself suggested that if the students were to gain any advantage from their attendance at the infirmary they should be accompanied by a member of the teaching staff of their hospital. Dr. Bridges, however, thought it would be difficult unless they were paid an adequate fee for doing so, but prefers the present system of the responsibility of the superintendent. Another superintendent considered that only the more advanced students should be admitted, who would not need much teaching, and that such directions as were necessary he could himself give them. The idea of amalgamating with the hospitals, and bringing the hospital staff into the infirmaries, he did not consider workable, but he did not foresee any difficulty in obtaining consulting doctors for the infirmaries, who would assist in giving the required instruction. He referred to a plan which had actually been tried, and, as he thought, with good results, at the Paddington Infirmary, where a course of lectures had been given to senior students and newly-qualified men by the superintendent himself, and also by selected physicians and surgeons invited by the guardians.

Value to medical profession of infirmary practice.

Holmes, 782, 720.

Morris, 14831 ; Bousfield, 1303 ; Barnes, 13825-6 ; Allchin, 15335.

Tait, 22305-7.

Twining, 22675, 22711, 22742, 22787. Savill, 24183-6, 24342-4, 24358-65. Hopkins, 24467 ; Vallance, 24772-3. Bousfield, 1303 ; Currie, 1785.

431. Apart from the question of the admission of students, it was also urged that much more use ought to be made of the infirmaries for enlarging the experience of the profession generally. In the first place it was thought that the practice already adopted to some small extent of appointing newly-qualified men as clinical assistants might be extended with advantage to both the infirmaries and the profession ; and, further, that each infirmary should have attached to it an honorary visiting staff chosen from the most eminent men who could be obtained, whether from the hospitals or from outside. These proposals also were favoured by witnesses who spoke, as it were, from within the infirmaries ; and the need felt by the medical superintendents themselves of assistance from consulting physicians and surgeons has already been referred to. One superintendent, however, while strongly in favour of the employment of clinical assistants, was less sure of the practicability of working the infirmaries through a visiting staff on the hospital system ; because he thought that the medical men in charge of these infirmary cases needed quite a special and long training in what he called their "socio-medical" aspect ; *i.e.*, in judging what class of pauper a person belonged to, to what extent his ailment incapacitated him

him for work, and other matters not belonging to the purely medical consideration of his case. This witness, however, would welcome the appointment of a visiting staff for the purposes of consultation, and he thought that this reform could be effected without interfering with the existing authority or responsibility of the medical superintendent or involving any additional expense; the relations of the superintendent with the consulting staff would be subject to the ordinary rules of consultation. Twining, 22689-9.

432. At the sick asylum at Birmingham, a poor-law institution corresponding to the infirmaries in London, there is a large staff of resident medical officers and a visiting physician and surgeon. There are also a number of clinical clerkships to which students are appointed for six months, each being placed in charge, under the medical staff, of a certain number of beds. The institution of these clerkships is regarded as being of great value for educational purposes as well as a benefit to the patients. Birmingham system. Tait, 22305-9, 22341-5, 22352-7. Montefiore, 212-3.

433. It should be noted that some of the evidence indicated a doubt whether students would have time, before passing their final qualifying examination, to attend the practice at the infirmaries, regard being had to the shortness of the curriculum and the amount of study and hospital work to be got through, and the distance at which most of the infirmaries lie from the hospitals. This consideration appears to add importance to the proposed adoption of the Birmingham system, since it affords a large amount of instruction to young practitioners just after their examinations are passed. The proposal which has been entertained by the General Medical Council, to require an additional year's training before the student can pass his qualifying examination, may to some extent bring the infirmaries more within his reach. Holmes, 739-42

434. It was suggested that the reforms above referred to in the infirmaries might result in their competing with and ultimately supplanting the general hospitals; but it did not appear that this was regarded as a practical danger.

435. The proposals for some scheme of co-operation or affiliation between the various institutions for the relief of the sick poor have already been noticed in connection with the subject of general hospitals.

436. *Nursing in Poor Law Institutions.*—Nursing reform has made great advances in the poor-law infirmaries as well as elsewhere. The employment of unskilled pauper nurses, which used to be the rule, has now become a rare exception, though they are to be found in the sick wards of the workhouses where a large proportion of the less severe cases are still retained. Many of the infirmary nurses have gone through a regular hospital training. About one-half of the matrons, however, even now are women who are not regularly trained nurses; the appointments are made by the guardians at their own discretion;* but it appears that of late a trained woman has always been selected. Poor law infirmaries. Bridges, 23264-6. Bousfield, 1294. Rathbone, 25939. Twining, 22674; Gross, 23533. Knox, 24092-3. Dowse, 19620; Twining, 22644-8, 22673, 22792-3. Bridges, 23232-51, 23290. Hopkins, 24427-31.

437. Complaint is made that the matrons are placed too much under the control of the medical superintendent, who has power to interfere in the nursing arrangements at all points. By courtesy and goodwill, it is said, the system has worked tolerably well; but it is urged that it is a wrong system, and is likely to lead to serious conflict between the infirmary authorities. This view was pressed by the Workhouse Nursing Association upon the Local Government Board, which, however, was unwilling to take the ultimate control out of the hands of the superintendent, though it was admitted that the matron ought rarely to be interfered with in the management of her own department. Dr. Bridges thought the existing arrangement satisfactory, provided there was an ordinary amount of tact on both sides, and the superintendents of some of the infirmaries spoke in favour of it. Twining, 22651-7, 22757-70. Bridges, 23212-5, 23291-4. Gross, 23527-32. Savill, 24212-4.

438. High testimony was paid to the efficiency of the nursing staff in some of the new infirmaries. Dr. Bridges, the medical inspector of the Local Government Board, estimated that about one-fifth of the nurses now employed are hospital trained. A portion of the staff at some infirmaries certainly appears to be deficient in this respect; but it seems usual at some infirmaries to require that Currie, 1747-8. Dowse, 19683; Lunn, 23837-8. Bridges, 23252-7. Hopkins, 24432-3, 24476-8 Gross, 23479-86.

* All appointments are subject to the sanction of the Local Government Board, but it seems that no general order has been issued respecting the qualifications of a matron (22643, 22650, 22658).

Bousfield, 1294–5.
Twining, 22659–63.

that every nurse should have had a certain amount of training in a hospital. Some of the infirmaries train their own nurses, and it was hoped that this system would be further extended, so that large numbers of infirmary-trained nurses might be sent out for general service. The medical superintendent of one infirmary had hope of being allowed to take probationers.

Gross, 23487–9, 23511–2.

Bridges, 23258–63.
Twining, 22665–72, 22719, 22746–52, 22791.
Lunn, 23798, 23829–44.
Hopkins, 24419, 24432.

439. The number employed is very much less in proportion to the number of patients than is the case in the hospitals. The whole number of nurses in the infirmaries was stated to be 888;* in the Marylebone infirmary there were 66 nurses among 700 beds. Regard being had, however, to the chronic character of the cases, it does not appear to be thought that the infirmaries are seriously under-nursed; and it was said that the nurses were less overworked than those in the hospitals, that their health was good, and that they were generally content with their position and treatment. The hours and matters of routine appear to be generally similar to those in other hospitals. A nurse leaving after a year's service receives a testimonial as to her capabilities.

23490–504; 23614–5, 23806–20, 24139–211, 24439–58, 24490–2.

23510–1.

Twining, 22699–701.
Gross, 23610–1.

440. The wages of infirmary nurses rise to 30 *l.*; there appears to be no difficulty in getting a sufficient supply of them, or at least of good probationers.

Hopkins, 24424–6.

441. Nurses trained in the large hospitals are apt, it is said, to find the infirmaries dull; and therefore there is some difficulty in getting and keeping the best class of nurses; this is considered an additional reason for the infirmaries training their own probationers.

Twining, 22788–90.

442. A witness spoke of the advantage which would be derived, especially in the nursing department, by the employment of a lady inspector to visit the infirmaries.

Lunn, 23800. 23804–5, 23860–4, 23998–9.

443. The Marylebone infirmary trains it own probationers under the Nightingale committee, by whom they are paid for the first year, after which they are taken on to the infirmary staff, and receive a certificate at the end of three years. They are said to be as well trained there as at a hospital. This is the only infirmary in London† which has a separate home for nurses; but the need of such an institution is felt elsewhere.

Hopkins, 24373–6.

Savill, 24191–8.

444. At the Paddington infirmary the assistant nurses are taken untrained, and get their training in the infirmary, but there seems to be no regular training system like that which exists at Marylebone.

Hopkins, 24434–8, 24499, 24449–53, 24461–2.

445. It was said that at one infirmary the accommodation for the nurses was very bad, and it would seem that the food there is hardly sufficient, though complaint was not made on this score.

Workhouse sick wards.
Knox, 24073–94, 24152–3, 24160–9; Howard, 24741–6.

446. In the sick wards of the workhouses the nursing is of an altogether inferior character. Neither the matron nor the nurses have had hospital training; the numbers are said to be insufficient, and paupers are to a great extent employed as nurses. At Bethnal Green, where there is no separate infirmary, and where at times there are nearly 600 sick in the workhouse, there appears to be a regular staff of less than 20 nurses, some of whom are 65 years of age, and these are supplemented, when the sick wards are full, by as many as 80 paupers employed as nurses. The opinion was expressed that all the matrons employed in the infirmaries ought to be trained nurses. Up to the present time it has not been essential that nurses should be trained; witness believed that now it was considered necessary that they should have been for one year in some institution for training. At Paddington workhouse there are about nine nurses to 300 beds, only one, the lying in nurse, is trained; the matron is untrained.

Bridges, 23235.

Twining, 22642.

Savill, 24225–41.

Asylum Board hospitals.
Mann, 24570–7, 24619–42
M'Combie, 25447–54, 25464–6, 25483–94, 25509–13.

447. At the fever hospitals, under the Metropolitan Asylum Board, the nursing is on a somewhat different footing, owing to the great fluctuations from time to time in the number of patients. When there is little of this class of sickness prevalent, the nursing staff is reduced; and when any infectious illness becomes prevalent, the wards fill up, and it becomes necessary to engage a number of additional nurses. Under these circumstances the committees have to

* In 1886 the total number was 111 (23398).
† In Liverpool and some other towns nurses are systematically trained at the poor law hospitals.

to take the best material they can get. Trained nurses would have preference. The matrons are for the most part, and all those recently appointed are, women who have been trained as nurses. There is sometimes considerable difficulty in getting nurses; they are naturally more liable to illness, but the pay is rather better than in ordinary hospitals.

NURSING.

448. The great improvement in hospital nursing of recent years was testified to by several witnesses. 2551, 9203, 9673–4, 9694–5, 10806, 12041, 25908–11.

449. The nursing staff of a hospital ordinarily consists of a matron or lady superintendent, a certain number of head nurses, usually styled "sisters," one to each ward or pair of wards (according to their size) by day, and one for the whole hospital, or a wing of it, or for a group of wards, by night; staff nurses, that is to say, nurses who have passed their full period of training and received their certificate; and probationers, these latter forming the most numerous class. The more advanced probationers are often entrusted with the duties of staff nurses. In addition to the ordinary probationers there is, in some hospitals, a class of paying probationers or lady pupils, who perform the same duties as the others, but whose terms of service are different.

Probationers.

450. The probationers are engaged by the matron, subject or not (according to the rules of the particular hospital) to the sanction of a higher authority, or are engaged by the hospital authority on her recommendation. The selection rests in all cases, practically, with the matron, and the minimum age at which they are taken is usually about 23. There is no lack of candidates for employment; at the London Hospital, for example, the number of applicants in a single year was said to be 1,600. Nurses are drawn from a well-educated class; many are daughters of professional men, merchants, farmers, and tradesmen. The terms of service differ in different hospitals. But the general rule, as regards an ordinary probationer, is, that she is first taken for a month on trial, without wages; at the end of that time, if she is considered suitable and wishes to remain, she enters into a regular contract of service for a stated period of one, two, or three years; during that period, or part of it, she not only assists in the practical work of nursing in the wards, but also attends lectures which are given by the matron or by members of the medical staff, and is required, or encouraged,* to pass examinations; and at the end of the period, having passed her examinations, she receives from the hospital a nurse's certificate.

Steele, 384, 559 Waterlow, 2545 Lückes, 6370–5; Fenwick, 9469–76 Lushington, 9862–3; Walker, 11127; Todd, 12020; Melhado, 12631–2; Reade, 13392; Thies, 16292; Michelli, 18197; Taylor, 18623; Wace, 18783; Monk, 18865. Vol. I., Appendix K., pp. 602–3.

Fenwick, 9505; Taylor, 18566. Lückes, 6372.

1816, 2567, 10807, 10816.

Waterlow, 2546–8; Currie, 2987; Roberts, 6250; Lückes, 6814; Fenwick, 9456; Perry, 10204; Dobbin, 17412; Taylor, 18461; Monk, 18895.

Period of training.

451. Different opinions are held as to the length of training requisite before a woman should be sent out with a certificate as a trained nurse. A witness who had had experience as matron of St. Bartholomew's Hospital was of opinion that nothing less than three years should be taken as the qualifying period, and that no woman ought to be made sister of a ward or staff nurse, or be sent out to nurse the sick until she had passed through the whole curriculum.† Miss Nightingale, on the other hand, has laid down one year as the ordinary period of training, with the proviso that it would be preferable to give two years' training to those who will have to train others in their turn. At St. Thomas's, where the nursing is organised according to Miss Nightingale's system, the probationer, after her month's trial, binds herself to hospital service for four years; after one year, if she passes her examination, she is registered as a certificated nurse, and thereupon for another three years she holds herself at the disposition of the committee of the Nightingale Fund for hospital nursing. At other hospitals the engagement does not extend beyond the period of training, but that period is prolonged to two or three years, so that the hospital, after it has

Fenwick, 9456–7, 9527–8, 9554–8, 9597–601.

Vol. I., Appendix K., p. 603.

Gordon, 11848–50, 11863–5 Walker, 11062, *but see* 11590–2.

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* At the London Hospital the examinations are not compulsory, but a nurse who has passed a satisfactory examination has a different form of certificate (6421–5).

† It is, however, to be noticed that St. Bartholomew's has only 20 certificated nurses to 141 probationers (Waterlow, 2533–4), a fact which appears to indicate that a large proportion of the probationers are considered to be fully qualified nurses.

Fenwick, 9456.

has trained the nurse, may still have the benefit, for a time, of her trained services; the longer period being fixed rather for the sake of increasing the nurse's experience, and for the convenience of the hospital, than from the belief that she would not be fit to receive a certificate sooner. At the London Hospital, for example, a nurse is certificated after two years' service, but is in some cases given the duty of a fully qualified nurse in the hospital, or sent out to nurse a private case, occasionally is even appointed to be a sister of a ward, while still called a probationer. Length of service is only one of several elements which go to make a good nurse; and the opinion was strongly expressed that more reliance was to be placed on a system of careful individual supervision and selection than on any extension of the probationary period. At the London Hospital, out of about 210 sisters, nurses, and probationers, fully one half (including about 50 probationers in the second year) were regarded as qualified nurses.

Lückes, 6380–2, 6499, 6613–25, 6633–5, 6804–5, 6810. Perry, 7471–4, 7486–7.

Lückes, 6360–6.

Fenwick, 9486; Cross, 10811–3.

452. At St. Bartholomew's, the certificate is given after three years, and a gold medal to the best nurse. A probationer having passed an examination after one year, is called a staff probationer, and may be employed as a staff nurse. At Guy's, the probationer, after her month's trial, seems to be taken on for a year, and then (if she gives satisfaction) for a further term of two years; at the end of the three years she gets her certificate, but she becomes a full nurse (though uncertificated) after 18 months, and is then qualified to enter the private nursing institution.

Steele, 387; Lushington, 9862–7.

Todd, 12080–1; Melhado, 12617–9.

453. At St. George's and the Middlesex the certificate is given after three years, but the probationer is promoted to be a ward nurse after one year. At the Middlesex it was not until recently the practice to send out a nurse for private nursing before she had been five years in the hospital; but exceptions are now made to this rule, and nurses are in some cases allowed to go out after three years' training.

Melhado, 12707, 12763–4.

Reade, 13990–1.
Ryan, 14569.
Thies, 16253.
Taylor, 18418.
Monk, 18841.
Brew, 22434–6.

454. At Charing Cross the period is three years; at St. Mary's, two years; at the Royal Free, three years; at Brompton, three years; at King's College, three years, but after two years the probationer generally becomes a staff nurse; at the Homœpathic Hospital, three years, but a nurse is considered to be trained after one year.

Paying probationers.

Roberts, 6250; Cross, 10810; Theis, 16269; Monk, 18891–2. Todd, 12082. Steele, 385; Roberts, 6250; Melhado, 12627; Reade, 13959. Waterlow, 2534–6. Ryan, 14681.

455. The paying or special probationers, or lady pupils, who are taken at some, but not at all hospitals, usually enter for a three months or other short course of training;* but sometimes they remain for a second course, or they become ordinary probationers. The usual payment made by them is at the rate of a guinea a week. At some hospitals they are separately lodged, but their duties seem generally to be the same as those of the ordinary probationers.

Sisters.

Roberts, 6247; Lückes, 6358–9, 6803–5, 6835; Lushington, 9858, 9973–8; Cross, 10805–6; Todd, 12203; Melhado, 12625; Lucas, 20168, 20284–6; Waterlow, 2545.

456. The appointment of the sisters rests with the executive authority of the hospital. They are in a position of considerable responsibility, each having, under the matron, the entire charge of her ward; and at some hospitals they are generally selected from among nurses of superior social position. It is the matron's duty to make frequent visits to the wards. In most hospitals she appears to go round daily; but whether she does so or not the sisters are fully responsible to her for the state of their wards and the proper fulfilment by the nurses of all their duties; and they have the immediate superintendence of the training of the probationers. Nurses are not usually taken over the age of 35.

Monk, 18866.

6815, 6884–5, 9534–7, 9578, 11685–6, 12676–7, 12812–3.

457. Each sister usually sleeps in a room adjoining her ward, so that she can readily be summoned at night in emergency.

Ward maids.

572, 2533, 9546–7, 9920, 10801, 12064, 12807–8, 12886, 12891–6, 13978–9, 14564, 18843–7, 22464–7.

458. The work of the nurses is supplemented by ward maids and scrubbers. The ward maids sometimes but not always are lodged in the hospital, and some of the smaller hospitals have no separate class of ward maids. Inquiry was frequently made whether the nurses were called on to perform menial duties. The rule seems to be that it is their business to do everything directly affecting the

6757–87, 6864–70, 7457–63, 7529, 7567, 9559–61, 9918–20, 10800, 11622–5, 11678–81, 12062–3, 13980, 14563, 18128–33, 18531–54, 22463, 24975–8.

* The lady pupils at Guy's undertake to remain for a year (Steel, 387), and at the Middlesex for a year or six months (Melhado, 12628, 12888). At St. Mary's they enter for one or two years, and pay 30 *l.* a year (Ryan, 14682–4); at the Seamen's Hospital the payment is 25 *l.* a year (Michelli, 18123.)

the patients, including a good deal of sweeping and dusting; they also generally clean the lamps, and sometimes inkstands; in one case, it appeared that a portion of the floor was polished by probationers, but this was quite an exceptional case. The evidence generally was to the effect that the nurses were called on to perform a certain amount, but not a great deal, of work which did not properly belong to their office. Some of the matrons would gladly see an addition to the number of ward maids. 6756–7, 22486.

459. A probationer, during her first year, is paid usually at the rate of about 1 *l.* a month, or rather less; after that she rises to 18 *l.* or 20 *l.*, a year but in some hospitals no salary is given during the first year. The pay of fully trained nurses in the hospitals, and in the private nursing institutions attached to hospitals ranges from 20 *l.* to 35 *l.* or 40 *l.*;* those employed for private nursing being, as a rule (as already mentioned), much better paid than those in the hospital, who do not generally rise so high as 30 *l.*† The night nurses get rather more than the day nurses. Sisters usually receive from 35 *l.* or 40 *l.* to 50 *l.* or 60 *l.* Sometimes the rate of pay is rather lower than the above, and a gratuity or pension, or both, are allowed by the hospital after a certain period of service; and the institution nurses are sometimes allowed a percentage on their earnings. Board, lodging, and often some articles of clothing are provided free, but not, as a rule, washing. The grant of an allowance of 2 *s.* 6 *d.* a week for washing is one of the reforms suggested. *Guy's*, 387, 393; *St. Bartholomew's*, 2554; *London*, 6838–41, 8110; *St. Thomas's*, 11760–1, 11826; *St. George's*, 12088; *Middlesex*, 12612–6, 12681, 12755; *St George's*, 13989–90; *St. Mary's*, 14565–8; *Westminster*, 15213; *Royal Free*, 16265–7, 16307–10, 16345–9; *Seamen's*, 18152; *Brompton*, 18419–27, 18431–2; *King's College*, 18854–8; *West London*, 20520. 20124–30, 20808–10, 21650–2, 22437, 22970. *Infirmaries*, 23505–6, 23804–2, 23839–40, 24206, 24637–8. 12612, 12616, 12755, 15213–6 18856–7. 8109.

460. Provision is sometimes made for pensions, but by no means universally. This, however, is a subject which is generally engaging the attention of hospital authorities. In some hospitals where no pension can, up to the present time, be earned as of right, it is the custom to make an allowance for life to a nurse who retires from age or infirmity after long and faithful service. Guy's, the London, and other hospitals have adopted a regular pension system by joining the National Pension Fund for Nurses, or rather by undertaking to pay one-half of the premiums required from such of their nurses as choose to join the fund. The scheme of this institution, as adopted at Guy's, allows a nurse to retire at the age of 55 with a pension of 15 *l.* a year, besides bonuses, after payment under the prescribed conditions of premiums amounting to 6 *l.* a year. At the London, a minimum pension of 22 *l.* 10 *s.* is secured at the age of 50 for a nurse who joins the fund before she is 40. The premiums are returnable if the nurse wishes to withdraw from the fund; and in that case the amount paid by the hospital is, at Guy's, held as a fund for the benefit of their nurses who may be incapacitated by accident or illness incurred in the discharge of their duty. At the London, if the nurse leaves the hospital, she is herself allowed, after 12 months, to withdraw the share paid by the hospital, as well as her own. Pensions. 12613–5, 12755, 13981, 15215–6, 15226–33, 15261–7, 16268, 22109. 2556–60, 11767–9, 12085–6, 18433–5 20131–2, 22447. 390, 6846, 14570–1, 18152–3, 18859–62. 390. 6846–7, 6853.

461. The origin and working of the National Pension Fund were explained by a witness who had taken an active part in its establishment. It is said to fulfil the objects of a savings bank as well as of a pension fund; and premiums can be withdrawn at any time with interest and bonus additions arising from the profits of the working of the fund. A benevolent fund has been instituted in connection with it, having now an income of 400 *l.* a year, for the benefit of distressed nurses. The pension fund is now in the fourth year of its existence, has 2,000 subscribers, and 100,000 *l.* invested. There is a system of affiliation by which a hospital paying half the premiums for its nurses can have a separate trust account with the National Pension Fund, so that the lapsing premiums may remain to the credit of that hospital, and be administered so as to form the nucleus of a permanent fund for providing for its nurses a complete system of pensions. National Pension Fund. Burdett, 25884–5.

462. The position of the matron of a large hospital is one of great importance and responsibility.‡ The department of which she is the head is numerically Position of matron.

* At the Royal Free Hospital an institution nurse, after four years, receives 30 *l.* salary and 20 *l.* bonus every year (16265).

† At King's College Hospital, and at the Fever Hospital, a nurse rises to 36 *l.* (18855-6. 21650).

‡ The salary of a matron in the leading hospitals seems to run from 100 *l.* a year up to 350 *l.* (6321-2, 11055, 12611, 13955, 14518, 18837).

8128. cally the largest, and, from the nature of its duties, is after the medical department the most important to the immediate welfare of the patients, of any in the hospital. The misunderstanding which in the earlier days of nursing reform sometimes manifested itself between the medical and nursing staffs would appear to have entirely subsided; and just as the nurses hold themselves bound, as they must be, to carry out diligently the wishes of the 6915-9, 9466-8. physician in matters concerning the treatment of the sick, so the doctors appear to recognise the authority of the matron in the distribution of the nurses, their discipline, and the general arrangements of the wards. Some discussion took place respecting the exact limits which are or ought to be set to the matron's powers. Speaking generally, she is regarded as *de facto*, if not according to the strict letter of the law, the head of an independent department; that is to say, she is in the management of her own staff responsible directly to the chief executive authority of the hospital, and to no subordinate body or officer. A hospital has nearly always a board or committee which holds weekly meetings, and is in fact the executive authority of the hospital; and under it there is an officer, whether he be called treasurer, secretary, or resident superintendent, or by any other name, who either lives permanently in the hospital or at all events passes the day there, and who in the absence of the executive body is regarded as being in a general way the head of the establishment. The precise amount of authority delegated 11058, 12530, 15523, 16806. to this official is, however, not always strictly defined. As regards the matron it is clear that in some hospitals he has none; in others, where technically his 557-66, 6350-2, 8188, 20418. authority extends to the nursing staff, it seems that by a well-understood arrangement he never interferes in this department (except in consultation with the matron); in others again it seems doubtful whether he has any technical right of interference at all. But however the technical limits of authority may vary, it seems everywhere to be fully admitted that practically the matron is supreme in her own department, subject only to her responsibility to the managing body; and nowhere does her authority within those limits 5986. appear to be challenged. At all hospitals she makes her reports to that body, and is amenable to it for everything that she does. The only question, therefore, at issue is as to the direct intervention of the hospital authority itself, in matters of nursing organisation and management.

Nursing sub-committee.
9469-70, 9572, 9584-7, 12020-1, 12025, 12038, 12159-61, 12634, 13883-5, 18784.

463. At some hospitals there is a special nursing sub-committee of the managing body to which the general control of this department is delegated, and one witness was decidedly in favour of this system.

Appointment and dismissal of nurses.

464. The most prominent questions raised were connected with the appointment and discharge of nurses. This subject was mentioned in reference to the London Hospital;* and it has been said above that the selection of probationers, whether they are nominally engaged by the hospital authority or not, rests really with the matron. As regards the power to dispense with the services of a nurse, the technical rule of the hospitals is 5987, 6245. not uniform. At the London Hospital it is laid down in the standing orders 6250. that in case of misconduct the matron may suspend, but only the committee can dismiss; probationers she can discharge at any time for incompetence, 9865-70. subject to an appeal to the committee.† At Guy's the matron has the power of dismissal during the probationary period; but it seems she would not discharge a full nurse till after consultation with the treasurer (who at Guy's is the 12058-9, 12633, 18196. executive authority). At St. George's and the Middlesex and the Seamen's 18623. Hospital the matron can suspend, not dismiss; at the Brompton Hospital she 11840-1, Appendix K., p. 613. has full power of dismissal, reporting of course to the committee; at St. Thomas's the matron can discharge the probationers. At those hospitals, 9873, 9942-3, 1412-3, 7943-4, 1217-8, 22452-3. however, in which the power of dismissal nominally rests with the executive, it seems to be universally admitted that the matron is the sole competent judge of 9472-6. all matters relating to efficiency in nursing; and on the other hand, where the matron is given the power of dismissal, it would appear that whether or not there is a formal right of appeal from her decision, her whole conduct is always within

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* *See* page xviii, §§ 60, 61. † *See* page xviii.

within the cognisance of the hospital authorities, so that with them who delegate to her the power must rest the ultimate responsibility for the mode in which she exercises it.

Opinions respecting position of matron.

465. The "Suggestions" printed in Appendix K. to the first volume of the evidence show clearly what are Miss Nightingale's views on this subject. She says "The superintendent (*i.e.* matron) should herself be responsible to the constituted hospital authorities, and all her nurses and servants should, in the performance of these duties, be responsible to the superintendent only. No good ever comes of the constituted authorities placing themselves in the office which they have sanctioned her occupying. No good ever comes of any one interfering between the head of the nursing establishment and her nurses. It is fatal to discipline . . . . . She should be made responsible for her results and not for her methods. Of course, if she does not exercise the authority entrusted to her with judgment and discretion, it is then the legitimate province of the governing body to interfere, and to remove her. It is necessary to dwell strongly on this point, because there has been not unfrequently a disposition shown to make the nursing establishment responsible on the side of discipline to the medical officer or the governor of the hospital . . . . . Neither the medical officer nor any other male head should ever have power to punish for disobedience. His duty should end with reporting the case to the female head who, as already stated, is responsible to the governing authority of the hospital." "The matron should be responsible to the government of the infirmary alone for the efficient discharge of her duties; and the nurses should be responsible to the matron alone for the discharge of their duties." The opinion thus expressed by Miss Nightingale appears (so far as the evidence shows) to be generally adopted in the metropolitan hospitals, both (as already stated) by the medical staff and also by the governing authorities themselves.

p. 605.

p. 609.

Rathbone, 25913–58.

Mr. Rathbone's evidence also strongly expresses similar views. Two points to which he called attention were, first, that the object is the nursing of the sick, and for that object every facility must be given for the selection of the best women that can be got, in short, that the nurses are for the hospitals and not the hospitals for the nurses; and, secondly, in answer to those who fear unjust dismissals as the result of allowing matrons to exercise a too arbitrary power, that the great difficulty has always been to induce even the most stern matrons to dismiss incompetent nurses. Incompetency in a nurse is not an easy thing to prove to an outside person, though it is soon discovered by the practised and watchful eyes of the ward sister and the matron. It is therefore, in Mr. Rathbone's opinion, both injurious to the patients, and unfair to the matron who is responsible for the efficiency of her staff, that she should be called upon to prove matters almost inaccessible to proof before a tribunal necessarily incapable of judging of them. The hospital committee has full power. From its frequent meetings, from the reports made to it, and in particular from the experience of those of its members who (as in most hospitals) are specially appointed in rotation to visit the wards, it has ample opportunity to judge whether it has a matron who can be trusted; and Mr. Rathbone declared himself convinced from long experience that, when it is found that the matron is not to be trusted, the sooner she is got rid of the better. For a hospital committee really to test the capabilities of a nurse was, he thought, an impossibility. A nurse's capacity depends on a number of small things; it "depends almost more upon moral than upon intellectual considerations; you cannot test it by examinations. Very often we find that those nurses who pass the best examinations are very inferior to a nurse who passes a very much worse examination, but whom her matron knows to be thoroughly trustworthy night or day, in sight or out of sight, and to have that sort of kindness and care of patients that is so important." There was, he thought, too much talking and publicity about all that goes on in a hospital for any serious danger to be feared of acts of real injustice by a matron remaining hidden from a competent committee; that risk was a trifle in comparison with the harm to efficiency which would result from cutting down the authority, and therefore of necessity the responsibility, of the matron.

Need of training for matrons.
Rathbone, 25958–63.

466. The want of an adequate system of training for matrons was another point touched upon. The school attached to St. Thomas's is intended specially for the training of nurses for hospitals and public institutions. It is understood that a considerable number of ladies who have afterwards become the heads of the nursing establishments of important hospitals were trained at St. Thomas's, and ladies have by private arrangement been sent there for training with the special object that they should be passed on to be, first, assistant superintendents, and ultimately heads of nursing departments in hospitals. But it was urged that if some regular scheme of training women specially for the higher positions in those departments could be devised, it would supply a want now felt in the existing training system. Miss Nightingale, in her "Suggestions," makes some remarks on "training to train," showing the need of a special system for the training of women who are intended to become heads of nursing schools.

Vol. I., Appendix K., pp. 603–4.

Alleged defects in nursing organisation.

467. The chief defects alleged against the existing organisation of nursing in hospitals are, that the proportion in number of probationers to trained nurses is too great, and that the whole number of the nursing staff is too small.

Alleged excess of untrained nurses.
Lückes, 6886; Entwisle, 11640–4; Gordon, 11740; Monk, 18881.

468. As regards the first of these criticisms, if a ward of 30 beds be taken as an example, it appears that the day staff of nurses will probably consist, under ordinary circumstances, of a sister in charge, a staff nurse, and three probationers; that is in addition to any extra help which the condition of any of the patients may render necessary. It was pointed out that one at least of the probationers would always be at an advanced stage of her training, would be in fact a competent nurse; and, as already mentioned, it is the custom to call a nurse a probationer, and keep back her certificate, till long after the time at which she would generally be considered as trained. The great bulk of the evidence from within the hospitals, from matrons, and from medical officers, was highly favourable to the quality of the nursing at the present time.

Alleged numerical deficiency of nursing staff.

469. Much was said about the numerical deficiency of the nursing staff, and the consequent evils of excessive hours of duty, overworking, shortness of holidays, and injury of health to which the nurses are subject.

Proportion of nurses to patients.
Lückes, 6895–6.

470. Roughly speaking, at the present time, if the whole nursing establishment is to the total number of occupied beds in the ratio of 1 to $3\frac{1}{2}$, it is considered a fairly high proportion. If that test is applied to a few of the leading hospitals the following results appear:—

Cross, 10795–6; Waterlow, 2741.

St. Bartholomew's, about 200 nurses; *average* number of occupied beds, 570 out of 667; about 1 to 3.

Wainwright, 11442; Walker, 10985.

St. Thomas's, 117 nurses; about 436 patients (not including the paying ward); about 1 to $3\frac{3}{4}$.

Lückes, 8992; Mackenzie, 733.

London, 218 nurses; *maximum* number of occupied beds, 733; about 1 to $3\frac{1}{3}$.

Melhado, 12523, 12610.

Middlesex, 88 nurses; *average* number of occupied beds, nearly 260; about 1 to 3.

Reade, 13902, 13956.

Charing Cross, 51 nurses; 165 occupied beds; about 1 to $3\frac{1}{4}$.

Ryan, 14382, 14520.

St. Mary's, 61 nurses; 255 occupied beds; 1 to $4\frac{1}{3}$.*

Wace, 18668–9; Monk, 18843.

King's College, 78 nurses; *maximum* number of occupied beds, about 215; 1 to $2\frac{4}{5}$.

Westminster, 55 nurses; *maximum* number of occupied beds, about 200; 1 to $3\frac{2}{3}$.

Nixon, 15459–60; Sister Cecilia, 15827.

University College, 80 nurses; *maximum* number of occupied beds, about 200; 1 to $2\frac{1}{2}$.

Thies, 16261.

Royal Free; 1 to $3\frac{1}{3}$.

471. Whether

* St. Mary's obtains additional nurses, when required, from the Brompton Hospital; but the proportion of nurses seems to be somewhat low at St. Mary's, as there is said to be one nurse to seven patients by day, and two to 43 patients by night (Ryan 14534-7).

471. Whether the proportion of nurses to patients be considered sufficient or not, there can be no doubt that it has in recent years been very materially increased; thus it appears that in 1880, at the London Hospital, it was 1 to 5; and the staff at Saint Bartholomew's is said to have doubled in the last 10 years. Lückes, 8856. Fenwick, 9543.

472. A statement read by the matron at the London Hospital showed that on a given day in the summer of 1890 the number of patients was 626; and the number of the nursing staff actually on duty was 124 on day duty and 55 on night duty, giving on the whole about 1 nurse to $3\frac{1}{2}$ patients. The same witness was of opinion that if money were no object the proper staff actually on duty in a ward of 30 beds would be a sister, two staff nurses, and two probationers by day, and a staff nurse and two probationers by night; she thought there should also be three ward maids to two wards. The late matron of St. Bartholomew's would add another probationer for day duty, making the total number by day six instead of five. In the children's wards the proportion of nurses should be higher. In addition to this, which would be the normal staff on duty, a margin of strength would have to be provided for the cases requiring special nurses.* Lückes, 8992. Lückes, 8133-9. Fenwick, 9482-92, 9506. Entwisle, 11651. Fenwick, 9507-8.

473. The figures given above (as well as other evidence to the same effect) appear to show that while the strength of the nursing staff on duty by day at one of the great hospitals (the London being taken as an example) is fully sufficient for the needs of the sick, by night the strength is somewhat short,† the deficiency being however such as would be remedied by a trifling increase in the number of nurses on the establishment. The demand for an increase in the nursing staff is in fact made in the interest rather of the nurses themselves, in the interest of shorter hours of duty and longer holidays, than of the patients. There was little evidence that the patients suffered from insufficient nursing, while on the contrary abundant testimony was forthcoming of the admirable care and attention bestowed on them, and of the spirit of self-sacrificing zeal which animated the nurses. Wace, 18881; Mackey, 7815-64. 4044-6, 9188-92.

474. The following appears to be the average daily routine; but each hospital has its own scheme of service, and allowance must, therefore, be made for variations in detail:— Hours of Duty.

The day nurses come on duty at 7 a.m.,‡ having breakfasted at 6.30 or 6.45. The sisters in some hospitals come on an hour later.§ The first hours are busily occupied in getting the patients fed and washed, their beds made, and the wards put in order for the day. Later (both before and sometimes after dinner), the doctors have to be accompanied on their rounds, and the orders for the diet, medicine, and general treatment of each patient carefully noted; but this is rather the work of the sister than of the subordinate nurses. A short time is allowed in the course of the morning for getting some luncheon; and half an hour, sometimes a little more, but at some hospitals it seems a bare half hour or less, is allowed for dinner, the sisters and nurses going generally in one relay, and the probationers in another. *Bartholomew's*, 2563-4, 10761-73. *London*, 6900. *Guy's*, 9677-89. *St. George's*, 12043-52, *Charing Cross*, 13367-77. *St. Mary's*, 14540-57. *Royal Free*, 16273-81. 10766-7, 11733-9, 12044-6, 12663, 13969, 16277, 18134-5, 18871-3, 9877-85, 9964-6.

475. The nurses sometimes take their tea away from the wards, and they go off duty at 9 p.m., at some hospitals not till half-past 9 or 10. 10763, 10767, 13971. [12043, 12051-2.

476. The night staff breakfast at 8.30 p.m., and come on at 9 p.m.,‖ and remain till 9 a.m. or a little later; there are thus two hours in the morning when 10771-3, 10782-6, 12665, 22419-29.

* The medical superintendent at Guy's spoke of one day nurse to 12 patients, and one night nurse to 20 patients as being about a fair average proportion for the actual work of attending to the patients in ordinary cases (Steele, 378-9).

† Confirmatory evidence, as to the night staff being shorthanded, was given from St. Bartholomew's (Fenwick, 9494).

‡ At Guy's, 8 a.m. (9877).

§ And sometimes go off later. At the Middlesex the sisters are on duty till 11 p.m. (12640). At St. Bartholomew's it is said there is no definite hour at which the sisters go off (10791).

‖ At Guy's the night nurses are on duty from 9.30 p.m. to 8.30 a.m. (9887-8); at St. Thomas's, from 10 p.m. to 9 a.m. (11830).

11834-9, 12670-2, 18443-7.

18883-5.

when both the day and night nurses are on duty together, those being the busiest hours of the day. During the night the nurses have two meals, either in the wards or in the kitchen. At some hospitals a point is made of their going twice for proper meals away from the ward.

14540 14550, 16273, 16288-9, 17425, 18154-6, 18436-41, 18867-70, 18918-20, 20420-3. Waterlow, 2563; Cross, 10764.

477. The full hours of service are thus 14 or 15 hours for the day nurses, and 11 or 12 for the night nurses. From these hours certain deductions have to be made, both for meals and for time allowed off duty. The average allowance to the day staff is, for meals, from 1 hour to $1\frac{1}{2}$; and in addition each nurse will, under ordinary circumstances, be allowed a certain time, varying from day to day, for exercise and recreation. At St. Bartholomew's, for example, it appears that the sisters are off duty from 6 p.m. to 9 p.m. every other day, from 2 p.m. to 10 p.m. once in two weeks, and from 3 p.m. to 9 p.m. every alternate Sunday; they are also free once a month from 4 p.m. on Saturday till noon on the following Monday. The staff nurses have a rota of four weeks; in the first week they are off duty from 6 p.m. to 8.45 p.m. on two days; in the second week, once from 6 p.m. to 8.45 p.m., and once from 2 p.m. to 9.45 p.m.; the third week is like the first; and in the fourth week they are off a whole day to 9.45 p.m., and have also one evening off. Practically, the actual hours of duty at St. Bartholomew's were said to be about 11, an hour being allowed out of the 14 for meals, and two hours on the average off duty besides.

Fenwick, 9542.

Gordon, 11729, 11751-3, 11810, 11851-62.

478. At St. Thomas's a full day's work was said to be 10 hours actually on duty, rarely more; but the average number of hours per week would not be more than 61, allowance being made for half a day off during the week, and four and nine hours on alternate Sundays.* At this hospital the nurses are said to be especially well off.

11627, 11872-5.

12043, 12050-2.

479. At St. George's the head nurses are on duty from 7 a.m. till 10 p.m., with two hours off, besides mealtimes, and one whole day and one half-day once a month. The other day nurses go off duty on alternate days at 6.45 and 9.30; and they have one day off in a month.

12640, 12644, 13833.

480. At the Middlesex the sisters are said to be actually on duty for 11 hours and the nurses for 10 hours, but it would seem to be longer than that on some days. The sisters have a whole day every month, and the nurses every alternate month.

13966.

481. At Charing Cross the sisters are said to have 58 hours a week on duty, and the nurses $67\frac{1}{2}$ hours.

14558.

482. At St. Mary's the average hours of actual duty are said to be $10\frac{1}{2}$ hours for a sister, $9\frac{3}{4}$ for a staff nurse, and $9\frac{1}{2}$ for a probationer.

18926-8.

483. At King's College the hours appear to average about nine.

Fenwick, 9500.

484. The ex-matron of St. Bartholomew's thought that every nurse ought to have half a day off duty every week and three hours off every day.

14535-8.

485. The night nurses, with the exception of the time for meals, are on duty during the whole 11 or 12 hours, but it is explained that their duties, as compared with those of the day nurses, are generally less onerous and involve less moving about and standing. This, however, does not appear to be universally true; as there was evidence that in some hospitals, where the wards are small and the night staff weak, the nurses are obliged to keep moving about continuously from ward to ward during the whole night.

486. It

* Another witness, however, estimated that at St. Thomas's the sisters and staff nurses worked alternately 73 hours and 79 hours per week; probationers 65 hours in the wards (Entwisle, 11593, 11665).

486. It was explained that at the London Hospital each nurse has a book in which a detailed record is kept of what she does,—work, day or night duty, sickness, holidays, &c. 6943.

487. The length of holiday allowed during the year varies from a fortnight to a month, except at Guy's, where the sisters have one month in summer, and a week or 10 days at Christmas. It was the opinion of several witnesses that three weeks was the shortest time to which nurses should be entitled; some witnesses thought that the sisters, in consequence of the more responsible character of their duties, required a longer holiday than the ordinary nurses. Holidays. 2564, 8118, 9500, 9990, 11876, 12043, 12052, 12643–52, 14179, 14540, 16282 17425, 18148, 18891, 18890, 22432–3. 9500, 12205, 7879. 11659, 12646–7.

488. The matron of the London Hospital advocated a month's holiday for all nurses, and six weeks for the sisters. 8117.

489. Arrangements are generally made for the holidays to be taken during the summer months. 9501.

490. Evidence touching the question of the food provided for nurses was noticed in connection with the London Hospital.* On the whole the improvement in this respect seems to have kept pace with the general progress of reform. Matters of complaint were mentioned; but they appear, for the most part, to have belonged to a past time. At all events the importance of a superior diet for the nurses, in view of the character of the work required of them, is everywhere recognised. Some criticisms were passed on the system of allowing some of the meals to be taken in the wards. Food. 1819–22, 2550, 6390–7, 7456, 9198, 11329, 18221–5, 18452–6, 18504–26, 18887–9, 20424–9.

491. Several witnesses expressed the opinion that the existing hours of duty for the nurses were too long, and the labour unduly arduous. Out of the 10 or 11 hours on duty, it was estimated that a nurse would generally be actually on foot for about nine, and nurses are peculiarly liable to be afflicted with flat feet owing to the excessive amount of standing and moving. Alleged overworking of nurses. Lückes, 6905–10; Mackey, 7876–9. Fenwick, 9539–44; Entwisle, 11626–62, 11688–9, 11708–9; Anderson, 16484; Cheadle, 20327

492. If, however, the question of health be taken as a test whether nurses are overworked or not, it cannot be said that the evidence proved conclusively any general inability to stand the strain imposed by the existing conditions of nursing. The proportion of nurses who break down from bodily weakness or too great nervous sensibility does not seem to be large; the reports made from the various hospitals were generally favourable as regards the health of the nurses, and the opinion was several times expressed that they were not overworked. A lady at the head of the nursing staff of one hospital held that women gave up 10 years of their lives by entering this profession, but that view was altogether rejected by others. 11802–23. 9549, 11805–22. 2702–3, 7533–4, 12053, 11072, 15210, 15403, 18201–2, 15982–16005, 18201, 18475, 21656, 25886, 25974, 25994. 15222, 21656. 15892, 15998, 7433. 8482–3, 18586–7, 18923–4 9204, 9549.

493. Mr. Rathbone's opinion regarding the necessity of increasing the nursing staff of hospitals was that "the patients are our first objects in hospitals, and if hospital work is such work that a woman of ordinary health and strength can do it and remain in health, ... I think you then have done all that you are bound to do until the public gives you money to do more." This opinion, that a further relaxation of the labour required from nurses was a matter of money and of comfort, rather than of necessity either to the nurses themselves or to the patients, was the opinion of more than one witness from within the hospitals. At the same time, even those who considered the nursing staff at their own particular hospitals to be numerous enough for their duties, regard being had to the wants of the patients and to all existing standards of adequacy, were hopeful that the position of nurses generally would in the future be improved by means of shorter hours of labour, longer holidays, and better pay. 25983. Lückes, 6401–7, 6788, 6911–4; Gordon, 11731, 11873–7; Perry, 7504–7, 7538; Mackenzie, 9201–3; Todd, 12205; Melhado, 12757. Improvement in position of nurses hoped for.

494. The want of accommodation for more nurses forms in many hospitals an obstacle to increasing the staff.

495. It was suggested that the money difficulty might be overcome by making all probationers pay during their period of training, and it was thought that this could be done withoutchecking to much the supply of suitable candidates. Suggestion that all probationers should pay. Fenwick, 9503–5.

496. One

* *See* p. xx, § 66.

Suggestion to nurse in three shifts.
9204–7, 25989–95.

496. One suggestion for shortening the hours of duty was that the nursing might be arranged in three shifts instead of two. No very decided opinion seems to have been held as regards the feasibility of this proposal; but it was considered that, without resorting to any such extreme changes in the organisation, it would easily be possible, if the numbers were increased, to allow every nurse more hours off duty and longer holidays.

Private nursing institutions.
Guy's, 391–3, 492–9; 2928, 9911; *London*, 6841–5, 8109–17, 8165–6; *Middlesex*, 12686–8, 12695–708, 12763–4; *Charing Cross*, 13996–9; *Westminster*, 15182–6, 15285; *Royal Free*, 16260–6; *Brompton*, 17536–9, 18394–7, 18403–11; *King's College*, 18840–2, 18856–8; *Homœopathic*, 22076, 22106–8, 22410, 22445–6; *Children's*, 20109, 20121–5.

497. Many hospitals have of late years established private nursing institutions, to which some of their own nurses, when trained, are drafted, and from which they are sent out to nurse private patients. The nurses continue to be paid by the hospital, and when not actually employed are lodged and provided for at the expense of the hospital. On the other hand the hospital takes the weekly payment of $1\frac{1}{2}$ or two guineas, which is usually charged; and these payments, after all expenses are defrayed, appear usually to bring in a net profit to the hospital funds, while in times of pressure, any institution nurses who happen to be unemployed can be brought in for service in the wards. At some hospitals, but not all, the nurses receive, in addition to their ordinary wages, either a percentage of 5 per cent. or more (in one case it goes as high as 25 per cent.) on the amount of their year's earnings, or else a fixed bonus in lieu of a percentage.

Lucas, 20124.

3087–92, 9908–10. 9520.

498. It seems that occasionally nurses are sent out from the hospital itself as well as from the institution, and objection was taken to this practice. It was, however, said to be done only in exceptional cases, and only when a nurse could fairly be spared from the wards without unduly weakening the staff required for duty there.

391.

499. Guy's has about 50 nurses on the private nursing establishment, and this seems the largest number employed by any one hospital.*

500. The institution is usually a separate building near the hospital; it is placed under the immediate charge of a sister, who is specially detailed for the purpose, and who is responsible to the matron.

District nurses.
2928.
Farmer, 3364–74, 3477–82.

501. It is said that at Guy's one of the objects of the private nursing institution is to attend the sick poor in the neighbourhood, especially lying-in cases. The subject of district nursing generally was touched upon by several witnesses. One medical witness spoke of excellent charitable work being done in the Bloomsbury district by nurses who he believed were principally trained at St. George's; and it was urged that, with a development of the district nursing system, a great proportion of the sick poor would be better treated in their own homes than in the hospitals.

6250, 6368, 6748, 6750, 6946–52, 8159–64.

502. Upon the question of the hospitals being used for the training of women for district nursing among the poor, it seems that something is done in this way at the London Hospital through the admission of a limited number of probationers (there called "institution nurses") who are in training for public institutions, and who enter for not less than six months, and pay half the usual fees of paying probationers. But it was pointed out that the general hospitals in London have not (at present at all events) the accommodation necessary for training any considerable number of nurses more than those whom they require for their own purposes.† At the Seamen's Hospital there is a class of "mission nurses" who are specially trained for charitable work.‡

18114–20.

8168.

503. The time necessary for training this class of nurses would, in the opinion of the matron of the London Hospital, be a year for populous places, where there were accidents, but for ordinary country districts she thought six months would suffice.

504. It

* The Association which nurses the Westminster Hospital has a private nursing institute with nearly 70 nurses (15285).

† Another witness, however, stated that the great hospitals were turning out more nurses than could get work (Fenwick, 9642).

‡ Miss Nightingale's "Suggestions" contain some observations on the training of workhouse girls as nurses (Vol. I., Appendix K., p. 604), also on district nursing (609–11).

504. It was incidentally mentioned that at the present time there is a great demand for district nurses; and a witness, speaking with the authority of a Local Government Board official, believed that it was in contemplation to allow boards of guardians throughout the country to establish them. The Hospital Saturday Fund is beginning to make grants to district nursing associations. Twining, 22699. Bridges, 23436-7. Acland, 22842-5.

505. Existing organisations of this kind, respecting which evidence was taken, are the Metropolitan and National Nursing Association, and the East London Nursing Society, the first mentioned of which has its central home in Bloomsbury with 12 nurses, and other smaller homes in different parts of London, and a few in the country; each home working within a certain area. The nurses are ladies; there are about 50 such nurses in London and 25 in the country; their salary ranges from 35 *l.* to 50 *l.* They are required to have had 12 months' hospital training, and then they are further taught district nursing for six months; after which they are considered to be fully trained. A single nurse can, on the average, attend about eight cases in the course of a day; the nurses do not generally go out at night. Societies for district nursing. Mansel, 9225-340.

506. The East London Nursing Society had, in July 1891, 27 nurses working in the East End. The nurses are not ladies; they receive 15 *s.* a week from the society, but not board or lodging. They are lodged generally by private charity in the parish in which they work. It seems that some of the cases nursed by this society are undertaken at the request of the guardians, and there was some doubt whether a portion of its funds were not simply applied in relief of the rates. Lacey, 9341-431.

507. Both these organisations depend for their existence on voluntary contributions, but the Metropolitan and National Association receives small payments from those of its patients who are able to contribute.

508. An important question affecting the general position of nurses was brought forward in connection with the scheme proposed by the British Nurses' Association, for establishing a general register of nurses. A very broad division of opinion exists regarding the merits of that association. Its objects, as stated by its advocates, are, "first, to unite trained nurses together in a purely professional union; secondly, to provide for the local registration of nurses under the control of medical men; thirdly, to help nurses in times of need or adversity; and, fourthly, to improve the knowledge and usefulness of nurses throughout the empire;" and its scheme is declared to be put forth "in conformity with a great public want and a widespread professional demand." This statement is traversed in a memorial which was signed by many members of the medical and nursing staffs, and of the governing bodies of hospitals and institutions for the sick in London and the provinces, and which was claimed to represent the majority of those who know most about nursing in this country. The memorial declares that the proposal if carried out "would lower the position of the best trained nurses, be detrimental to the advancement of the teaching of nursing, be disadvantageous to the public, and be injurious to the medical practitioner." A petition against the scheme, also largely signed, was presented to the Board of Trade. Proposed registration of nurses, British Nurses' Association. Fenwick, 9605. Vol. II., Appendix K. 7774.

509. The view taken by the promoters of the association appears to be that the time has come when nursing should be constituted and legally recognised as a distinct profession, with a central controlling body of its own; in short, that the nursing profession should be governed on much the same lines as the medical profession. The nurses' register would resemble the medical register, and the general nursing council would take cognisance of the conduct of all nurses, and would have the same power to strike their names off the register for misconduct, as in the case of the medical profession is exercisable by the General Medical Council. The ultimate object appears to be (whether or not this could be carried into effect at once) to obtain statutory power to prevent any public or private institution sending out women to nurse the sick, who were not registered by a registration board, composed of medical men and hospital matrons, or at all events to prevent unregistered women calling themselves trained nurses. But whether or not there were any such express Objects of British Nurses' Association. Fenwick, 9606-53. Fenwick, 26014-89. 9627. 9621, 9637. 26041.

9638-9, 9649-50. prohibition, it was thought that a registration board constituted under Royal Charter or Act of Parliament, would have such prestige that the public would decline to employ unregistered nurses. It was claimed that some of the 9628-9. hospitals and many medical officers of hospitals were in favour of registration. The immediate advantage which the public would gain from it was said to be that a reference to the register would at once show whether a woman was a trained nurse or not, and whether she was known to have ever done anything 26018. rendering her unworthy of employment, because the name of a nurse would, 26017. on sufficient cause shown, be removed from the register; the witness further said "it was a very common fraud to steal or forge a hospital certificate." No Fenwick, 9610. hospital is responsible for a nurse once she has left the hospital service; but a General Nursing Council or Registration Board would be responsible to the general body of nurses, and to the public; to prevent any woman who proved herself unworthy of trust going on with the work, they would take her name off the register.

Objections to British Nurses' Association. Lückes, 6944-5, 6953-6 Treves, 7754-75. Monk, 18893-5. 510. The main point alleged against the British Nurses' Association by its opponents is that it places good and bad nurses on a level. It is urged that neither the completion of a certain period of training nor the passing of a theoretical examination is sufficient guide to the practical fitness of a woman for a nurse's work. Only the institution which has actually trained the nurse, and in which her qualities are recorded after long personal observation, can be in a 7755 position to give such a guarantee of her capacity as will be of any practical value.* If, for example, a member of the public goes to such a general register for a nurse, he gets someone who has passed through a certain curriculum; if he applies to any nurse-training hospital, he gets a nurse selected for the particular case, and backed by the authority and reputation of the hospital which sends her 7771 out.† It was further said (in the interests of the medical profession) that the grant of a sort of diploma to nurses might lead many people to seek a nurse Lückes, 8128. in case of illness and not a doctor; such a result, it was thought, would be injurious also to the interests of the nurses themselves.

Burdett, 25887-90. 511. Under the existing system it is argued that the public have adequate protection in their power to call for a nurse's certificate before employing her, and to obtain particulars from the hospital which gave it her; that this security would under the registration scheme be lost, and that women, whom no hospital would recommend, would get themselves registered and appear to the public on the same level as the best nurses. It was suggested that an official list (if it were needed) could be compiled giving the names of all nurses on the books of the several training hospitals.

Burdett, 25891; Rathbone, 25954. 512. A point very strongly urged is that the character of the woman herself is a most essential matter in regard to a nurse; much more so in the case of Fenwick, 26024-71. a nurse than of a doctor. The Association professes to require evidence of character (by the production of recent testimonials) before it will put a nurse on its register, and to register only women who have had three years' hospital training, but it appears that women are registered who have not completed their full period of training at any one hospital, and of whom it is not known whether Fenwick, 26058. they have proved themselves competent or otherwise. The Association complains that a hospital certificate, once given, cannot be withdrawn, whereas a name will be removed from the register whenever a nurse is proved to have forfeited her good character, legal proof being admittedly exceedingly difficult. But it is evident that this course cannot be taken except on clear proof of actual crime or misconduct, and therefore it is no protection to the Fenwick, 26072-89. public from mere incompetency. It was admitted that a woman might go through three years training at a hospital, and get her certificate, and yet be a very indifferent nurse, and be known at the hospital to be so; but the public, who

* The registers kept by institutions like the London Association of Nurses, which supply nurses to the public, are of quite a different character from what is proposed by the British Nurses Association. The object of such institutions is to find employment for individual nurses whose personal records are kept, and can be investigated before they are engaged (9441-51).

† It was explained that at the London Hospital a supplementary register had, at Miss Nightingale's suggestion, been adopted, in which a nurse who had left the hospital might have her subsequent career recorded (6945.)

who read her name in the register, would suppose her to be competent unless the register clearly stated that it did not guarantee the efficiency of its nurses. On the other hand, if the Association disclaims responsibility for the efficiency of the nurses whom it registers, it seems difficult to understand wherein lies the security which it offers to the public.

513. Mr. Rathbone, speaking on behalf of the Nightingale Training School in opposition to the Association, quoted from a letter written by Miss Nightingale on this subject: "You cannot select the good from the inferior nurses by any test or system of examination. But most of all, and first of all, must their moral qualifications be made to stand pre-eminent in estimation. All this can only be secured by the current supervision, tests, or examinations, which they receive in their training school or hospital, not by any examination from 'a foreign body' like that proposed by the British Nurses' Association. Indeed, those who came off best in such would probably be the ready and forward, not the best nurses." Vol. II. Appendix K. (III.)

514. *Male Nurses.*—Except the Seamen's Hospital at Greenwich (which has two), and the Lock Hospital, none of the principal hospitals seem to have a regular staff of male nurses. In cases where a male attendant is needed, some hospitals are accustomed to apply to the Hamilton Association for providing trained male nurses; others have a record of persons who they know are ready to come in when required, or employ commissionaires or porters, or anyone they can get. Male attendants appear to be in greater demand abroad than in this country. 1777–80, 2698–701, 4991–6, 5123–7, 5219–33, 5711, 7648–51, 8870–5, 8885–97, 9697–9703, 11774–9, 12145–9, 12692–4, 12802–6, 12882–3, 13833, 15802–8, 17086–8, 18115, 18210–3. 12074–5, 15294–5. 8875, 11778, 12148, 12694, 14087, 22478–9. 4046, 4198–200.

515. It was thought that it would be of public advantage if means could be found of creating a limited supply of trained male nurses. 9699, 9701–3. 12147.

516. At the Putney Hospital for Incurables the male patients are attended to by male attendants under a trained female nurse. 25053–5, 25268–9.

MEDICAL SCHOOLS.

517. The medical schools, with the exception of those at University and King's Colleges, and at Charing Cross, did not originally belong to the hospitals to which they have become attached, but were, until a comparatively recent period, private and independent institutions, only the clinical teaching being conducted in the hospitals. The eleven schools now existing * are, however, completely identified with their respective hospitals; and it is one of the complaints of those who find fault with the present hospital system that the hospitals have become mere adjuncts to the schools, plunging into all kinds of extravagance for the sake of their students and for the advancement of science, when they ought to be strictly devoting themselves to the relief of the suffering poor, and to no other object. But the question of the economy of hospital administration has elsewhere been touched upon; and the proposals for reform in connection with the schools will be noticed later. Connection of schools with hospitals. Brodhurst, 3982–5, 3991. Reade, 14051; Boyd, 14212. Allchin, 15321. Steele, 407.

518. The total number of students on the books of the several hospitals appears to be over 3,000 (between 2,000 and, 3,000 according to one witness); the London Hospital having 460; Guy's about 500 (164 new entries in 1890, of whom 101 entered for the full course); St. Bartholomew's about 500; St. Thomas's nearly 400; St. George's 140; Middlesex from 250 to 300 (127 new entries in 1890, 55 being general students); Charing Cross 228 (31 new general students in 1890 out of 82 entries); St. Mary's about 300; Westminster 100; University College 309: King's College 205. The numbers on the whole appear Number of students. Brodhurst, 3991. 9017, 10170–5, 10586, 11164–5, 12350, 13094, 14203–6, 14744–6, 15309–11 16042, 19029–32.

* Students are admitted at some other hospitals; but it is a rule of the General Medical Council that no clinical teaching is recognised in any hospital with less than 160 beds in use (Goodsall, 16973).

Woods, 1653–6.

appear to be on the increase, subject to fluctuations from year to year; at St. Mary's the number has more than doubled in five or six years. The total numbers entering for the full curriculum during several recent years were given as follows:—587 in 1884, 647 in 1885, 623 in 1886, 683 in 1887, 688 in 1888, 620 in 1889.* The fees for full students vary from 125 guineas down to 90 guineas. A student cannot enter before he is 16 years old; the majority are from 18 to 22 when they enter; some are older.

13158.

Expense of schools and payment of teachers.

519. Evidence was given respecting the expenses of the schools and the mode in which the professors and teachers are paid. Speaking generally, the remuneration of the teaching staff is certainly not high.

Mackenzie, 9028–31.

520. At the London Hospital the gross income of the school is between 6,000 *l.* and 7,000 *l.*, and about 4,600 *l.* were divisible in one year among the teaching staff.

Moore, 10657–67, 10736–48.

521. At St. Bartholomew's the fees amounted in 1890 to 14,000 *l.*, of which the school expenses (including certain small payments to assistant teachers, and all the working expenses) absorbed 4,000 *l.* Both the lecturers and the clinical teachers are paid, the payment being allotted partly on the basis of the amount of work done, and partly by seniority. The general fee usually paid by the student represents separate fees for all the several lecturers, and each lecturer receives a proportionate sum out of the general fees paid by the students actually attending his class, a proper deduction being made in aid of the amount required for meeting the general expenses of the school; 700 *l.* was mentioned as about the maximum amount paid to any one teacher.

Ord, 11173–83.

522. At St. Thomas's two-thirds of the net income of the school (after payment of the expenses) goes to the lecturers, and one-third to those who teach in the wards. The amount allotted to each class is divided into a number of shares, and the payments received by the individual teachers vary from one share to six or eight. The total amount actually falling to any one man varies from 40 *l.* to about 240 *l.*, including remuneration both for lectures and "practice." The expenses in 1890 were about 3,000 *l.* out of 8,500 *l.*, but included certain minor salaries to teachers who had no shares.

Perry, 10184–208.
Steele, 411–6.

523. At Guy's the income of the school is about 11,000 *l.*, and the expenses are 3,000 *l.*; the balance is divided into shares, and distributed among the teaching staff.

Whipham, 12356–62.
Owen, 12421–31.

524. The receipts at St. George's are about 4,500 *l.*, and the expenses about 2,000 *l.* Some of the teachers are paid by fixed salary, and the rest is divided, according to a fixed per-centage, among the holders of the senior lectureships and the clinical teachers. It was thought that no one took more than 100 *l.*

Gould, 13097–103, 14844–5.

525. At the Middlesex Hospital the fees have of late been 5,000 *l.* and the expenses 2,000 *l.* The surplus is divided into 600 shares, of which 360 are distributed among the lecturers, and 240 go to the three senior surgeons and four senior physicians as clinical fees. A single individual might, it was thought, get 380 *l.* altogether for lecturer's fees and clinical fees. Each lecturer has to provide the materials for his lectures, which in some cases (*e.g.* chemistry) is a considerable expense.

Boyd 14210–2

526. At the Charing Cross Hospital the gross revenue was 4,070 *l.*, of which one-fifth goes to the hospital by way of rent, one-fifth goes for school management, and three-fifths are divisible among the staff and lecturers. The clinical fees are distributed according to shares; the school fees are allotted in the same manner as at St. Bartholomew's.

Page, 14747–57, 14776–87.

527. At St. Mary's the income of the school is about 5,500 *l.*; it was thought that a lecturer, if he was also on the medical staff of the hospital, and gave clinical instruction, might get as much as 250 *l.* as a maximum. The division is by shares. The expenses come to 3,500 *l.*, irrespective of anything paid for teaching

* A witness said that the number of London pupils had rather lessened of late years owing to the advance of the Edinburgh and Cambridge schools (Owen, 12431).

teaching purposes, but including about 700 *l.* given in money, or deducted from the fees, for prizes and scholarships.

528. The average receipts of the school attached to the Westminster Hospital are 1,860 *l.*, and expenses 913 *l.* The amount available for division is at first apportioned to school fees and clinical fees respectively, and then divided by shares. The maximum sum taken by any one teacher in a year rarely exceeds 100 *l.* Allchin, 15312-26.

529. At University College and King's College the division appears to be made in much the same way as at St. Bartholomew's, and the college and the hospital receive, in aid of their own expenses, a certain proportion of the school fees and clinical fees respectively. The maximum payment to any teacher in the college was said to be 400 *l.* or 500 *l.* The system is different from that of the other medical schools, inasmuch as the school belongs to the college and not to the hospital, and the college secures its professors and lecturers in the open market, and no preference is necessarily given to members of the hospital staff. The clinical fees at University College Hospital amounted in 1890 to 2,000 *l.* Hill, 16046-61. Curnow, 19027-46. Nixon, 15753.

530. Some, but not all, of the hospitals with schools have a residential college for their students, presided over by a dean or warden, who is one of the medical staff of the hospital, and is charged with the immediate superintendence of the students and all matters of discipline connected with the school. The college, however, has not usually accommodation for anything like the full number of students, and most of them lodge outside. At St. Bartholomew's, for example, the college accommodates about 30 students; it is said to have existed for 36 years, and to be the oldest in London. At Guy's there is accommodation for 52 students, besides the resident medical staff of the hospital; a student there pays from 9 *s.* to 20 *s.* a week for his rooms, and he can board for a guinea a week, or 13 *l.* a quarter. The dean of the medical school thought that the students in the college worked considerably better than those in lodgings. At the Middlesex there is accommodation for 30 students. Residential colleges. *St. Bartholomew's*, 2101-5, 2891-10590-8, 10750-3. *Guy's*, 10139-68. *King's College*, 19082. *Middlesex*, 13175-8, 14869. *St. Mary's*, 14763-7. Perry, 10149.

531. There is no residential college at St. George's, nor at St. Thomas's, Westminster, Charing Cross, or the London Hospital. 12464, 11208, 15344, 14250, 3142.

532. There appears to be a considerable demand for the limited accommodation in the residential colleges, and some witnesses had a high opinion of their advantages on account of the better control which they gave over the students. The dean of the Middlesex Hospital School, however, did not think the experience of them in London had been very favourable; and at St. Mary's the college was said not to be very popular, on the ground, apparently, of expense. Waterlow, 2892; Currie, 3143-5. Gould, 14869. Page, 14767.

533. In connection with the medical school, there is commonly a club or recreation room where the students can obtain meals and refreshment, and can meet socially, which is said to be a great benefit to them, and (according to one witness) more popular than the boarding system at a college. Students' clubs. 8742-4, 9939-41, 10142, 10212-4, 11204-11, 12460-3, 13179-82, 14613, 15345. 10649-52, 14055.

534. Many of the deans of medical schools, and other witnesses from the hospitals, were questioned respecting the discipline and general conduct of the students, and expressed themselves, as well satisfied in this respect. Serious offences inside the hospital itself appear to be almost unknown. The affairs of the school come generally before the medical committee, subject, of course, to the control of the executive authority of the hospital. At Guy's any serious offence committed by a student would be brought under the notice of the medical superintendent, and be finally dealt with by the treasurer; but the superintendent is not concerned with the conduct of students living outside; and he said that it had never, in all his experience, been necessary to expel or rusticate a student. The dean of the medical school at Guy's thought that the superintendent had not made sufficiently clear the distinction between the maintenance of discipline in the medical school and in the wards; in the medical school the dean considered himself responsible, under the medical council, for the maintenance of discipline, but a student could only be actually dismissed by the treasurer. At St. Bartholomew's there is a discipline committee, which is a sub-committee of the medical committee, and to which the students are amenable for their conduct, whether within the hospital or outside; in a case calling for Discipline of students. Waterlow, 2693-4; Moore, 10653; Ord, 11205-7; Boyd, 14250-1; Allchin, 15346-7. Steele, 553; Clarke, 2099-100. 1409, 11487-90, 12997. Steele, 542-54, 649-59, 2930-7; Lushington, 9921-4; 10067-9; Perry, 10233-43. Clarke, 2093-8 Moore, 10598 10672-80, 10708-26, 10735.

Buxton, 8684–9, 8702–6.

extreme measures the discipline committee would report to the committee of the school (consisting of the medical officers of the hospital and the lecturers), which has power of dismissal. At the London Hospital there is a college board composed half of medical men and half of laymen, and two members of the board are appointed every week as visitors, to whom all questions are referred between the meetings of the board. The board has full control over the students. St. Mary's has a similar body called the school committee; and at the Middlesex there is a small committee consisting of three lecturers, the secretary, and the dean, which meets once a month.

Page, 14758–60.

Gould, 14846.

Curnow, 19058.

535. At King's College reports of the students are sent three times a year to their parents.

Clerks and dressers.

258–60, 1973, 10635, 11231, 18981.

536. A student during part of his training, after he has passed his examination in anatomy and physiology, is attached to one of the physicians or surgeons of the hospital as a clerk or dresser. During this portion of the curriculum he gains practical experience by attending his teacher in the examination and treatment of his cases. It was said, however (though some of the evidence appears to contradict this), that some students went through their whole course and became qualified practitioners without ever having been dressers or clerks, and without, in fact, any practical knowledge of their profession. Some regret was expressed at the discontinuance of the old apprenticeship system, which it was thought sent a young man out into the world as a doctor better qualified to treat the sick than he generally is now when he begins to practise on his own account. It was said that you cannot get students to learn about small ailments, as such knowledge does not pay at the examination.

Brodhurst, 3994–4000, 4155–76 4201–4.
Curnow, 18981.

Tait, 22342, 22389–91
Lunn, 23878–82.

Midwifery practice of tudents.

261–6, 328–34, 2424–8, 9215–21, 10035–41, 10062–6, 10968–9, 12093–6, 12150–2, 13057–70, 13085–91, 14862–8, 15117–9 15641–2, 15957, 18975–7.

537. Midwifery cases are not taken in the general hospitals, and students learn this branch of their business by attending poor women within a certain radius of the hospital. At some hospitals the students, during this portion of their training, are called extern clerks. From Guy's, nearly 3,000 confinements* are annually attended by students, who are regularly superintended by two medical men appointed for the purpose. As there are not more than six or eight extern clerks at a time, the work in this department is sometimes very hard. It was explained that the main object in treating these cases is to secure for the students the necessary instruction in midwifery. In any case of difficulty it is the duty of the student to send at once for the doctor in charge.

Farmer, 3527–40, 3550–63, 3566–9.
Bhabha, 3960; Nixon, 9217; Todd, 12096; Fardon, 13059; Barlow, 15978–9.

538. It was objected that this midwifery practice of the students was very defective medically (from the inexperience of the students), and from the point of view of charity was much abused; and it was alleged (but denied) that a small crowd of students would go together to a single case, and that a student would be allowed to attend his first case without any more experienced person being present.

Connection of hospital with former students.

298, 460, 11253–4, 14186–7, 14315, 15398, 16026–8, 19014–5.

539. Several witnesses mentioned that a very large connection was kept up between a hospital and its old students who had gone out into private practice; cases being often sent up by them for consultation or special treatment, a practice beneficial both to the practitioner and to the hospital, as well as to the patient.

Students at special hospitals

2238–41, 2346–51, 13764, 16094, 19600, 19942–3, 19962–3, 20890–2, 21097, 21693, 25549, 25575–6.

540. Though only 11 of the general hospitals have regular schools, some others and also several of the leading special hospitals admit students to see their practice, and regular clinical instruction is sometimes given, both to actual students and to those who have just qualified. But some witnesses thought that much more use might be made of the special hospitals for purposes of instruction.

Training of female students

Anderson, 16453–72, 16488–95.

541. Besides the 11 schools for male students, there is a medical school for women (the only one in England) in Handel-street, which does not belong to any hospital, but the students receive their clinical instruction in the Royal Free Hospital. The entrance fee is 110 *l.*, of which 70 *l.* goes to the school and 40 *l.* to the hospital. Thirty-four students entered in 1890, the largest number on record

* Over 2,000 each at the London and St. Thomas's.

record. Women have the disadvantage that they are excluded from the qualifying examinations of the Colleges of Physicians and Surgeons, so that a larger proportion of them than of men go in for the more difficult examinations of the London University and the Royal University of Ireland. The female students have some difficulty at present in getting midwifery practice, as no arrangement has been made for it in connection with the hospital.

542. At the new Hospital for Women in the Euston-road the medical staff is entirely female, and use is made of this hospital for giving practical work to young female practitioners. Anderson, 16497-509.

543. A great number of suggestions were made with a view to a reform of the medical schools. It has been asserted that medical schools are a source of expense to hospitals. It was also alleged against them that they had not originally belonged, and ought not to belong, to the hospitals, and that they absorbed charitable funds intended for the relief of the poor; these objections have already been referred to. It was further asserted that they were too numerous and too small, that there was, in consequence, a great deal of waste in teaching power; that it was impossible adequately to remunerate the instructors, and impossible to obtain the services of the very best professors. The remedy proposed by one set of witnesses was the establishment of a great college or university for all the medical students in London. Others thought that a single institution would be unmanageable, but that there ought to be a limited number of colleges separate from the hospitals. The extent to which any such system could take the place of the present schools was the subject of some differences of opinion; some witnesses would separate everything, except the clinical teaching, from the hospitals; but the majority of medical men were convinced that only a certain portion of the more general subjects could be taught at a separate educational establishment. Proposed reforms of medical schools.

544. Some witnesses were of opinion that the establishment of a medical university was much needed, in the interests both of discipline and of good instruction. It was argued that the teaching of anatomy, physiology, chemistry, and other subjects, ought to be in the hands of men who had made these subjects their constant study, and not of medical men attached to a hospital, who merely took them up for the purpose of lecturing to their pupils. Such a class of professors could, it was urged, only be found in a university or an educational establishment of great and general importance; and, if all the students brought their fees to a single institution of this kind, it would be possible to find adequate remuneration for the teachers. The medical teaching at Vienna was, by one witness, held up as a model of all that teaching should be. Proposed medical university. Clarke, 2092; Currie, 2984-7, 3098-101; Browne, 4684; Brodhurst, 3991. Woods, 1647-58, 1665-77; Brodhurst, 4063-81, 4107-14, 4153-78; Tait, 22329-40; Mackenzie, 2394-401.

545. On the other hand, it was considered undesirable that medical teaching should be conducted by men not engaged in actual practice, as being likely to give the student a scientific and theoretical rather than a practical knowledge of his profession. This was the view of several medical witnesses. Clarke, 2086, 2110-1; Perry, 10181 Gould, 13114-7; Boyd, 14235-8.

546. Other witnesses, who were opposed to any interference with the larger of the existing medical schools, thought it would be a good thing if some of the smaller ones could be amalgamated, or if there were some central schools where their students could be instructed in the scientific or non-professional subjects. Amalgamation was also advocated on the ground that it would widen the field of clinical teaching. It was pointed out, however, that a hospital was not obliged to provide a complete course of instruction in all subjects; but that the students at one hospital could go to another for any particular branch of study. Sir M. Mackenzie was of opinion that the study of special diseases should be a part of the curriculum, and that students should be required to attend at several of the special hospitals or the special departments of the general hospitals. Suggested partial amalgamation of smaller schools. Clarke, 2084; Perry, 10180-2; Ord, 11139; Allchin, 15328; Curnow, 19056; Tait, 22378. Bousfield, 1503-4. Hill, 16068. Mackenzie, 2238-2260

547. It was thought that the reform of the schools could not be carried out without some greater powers than now exist in consequence of the vested interests involved in the continuance of the existing system. An Act of Parliament Need of comlsory powers. Browne, 4684-6; Brodhurst, 4050, 4090, 4209-13. Thomson, 4462.

Proposed medical faculty.
Fenwick, 7672; Gould, 13167–74; Willcocks, 14326–30; Allchin, 15333.

Parliament would, therefore, be required; and the bodies to be brought together for the formation of the proposed university or central school would be the University of London and the Colleges of Physicians and Surgeons. Another suggestion was that the University of London ought itself to become a teaching university.

Efficiency of present system.
uxton, 8730–3, 8740–1; Mackenzie, 9034–40; Moore, 10599–609; Ord, 11195–6, 11212; Clutton, 12236–8; Willcocks, 14331–6; Gould, 13105–8.

548. The treasurer of the London Hospital urged the great advantage of competition, and thought that nothing could work better than the present system; and other witnesses spoke highly of its merits, and deprecated a change.

Clark, 9704–5

549. Sir Andrew Clark's opinion was that the medical education in London was about the most practical education given anywhere in the world; but he thought it would be improved if the schools would unite together and have two or three great centres for the teaching of the general subjects, physiology, chemistry, natural history, pathology, and the like, which it was impossible for the smaller schools to teach adequately.

Proposal to withdraw from hospitals the teaching of some general subjects.
Mackenzie, 9053; Perry, 10180–2, 10211; Moore, 10610–2; Ord, 11159–61, 11187–93, 11213–4; Clutton, 12344–8; Whipham, 12363–70; Owen, 12468–75, 12480–8; Fardon, 13074–6; Barnes, 13819–23; Boyd, 14228–33; Page, 14761–2; Dent, 15448–9; Bury, 16625–7; Tait, 22358–60.

550. This view, that one or more central colleges would be useful for teaching some of the general subjects—the "pre-professional" subjects as they were termed by one witness—to the students either of all the existing schools, or, at all events, of the smaller ones, was held by a good many other witnesses; but it was not always agreed which were the particular subjects to which this reform should apply. Pathology, for instance, was mentioned as a subject which could best be taught, as it is now, in direct relation with the sick. Chemistry might be taught at the schools before the student began his medical course of study. One witness thought that anatomy and physiology could best be taught at the hospitals; but that chemistry and botany might be taught at a school. And several witnesses thought that there was no need to set up a central university or school for the teaching of those subjects which could be taught away from the hospitals, but that the necessary instruction could be obtained at existing schools and colleges all over the country.

Gould, 13109–14.
Boyd, 14242–9, 14252; Page, 14768–70; Allchin, 15329–32.

551. The deans of the medical schools at the Middlesex and Charing Cross Hospitals were of opinion that, at the preliminary examination for admission as medical students, the candidates should be required to pass in such subjects as chemistry, physics, and biology (but not anatomy or physiology, because those subjects cannot be taught by lectures only).

Hill, 16062–84.

552. One witness doubted whether any of these preliminary or general subjects would be as well taught outside the hospital. He feared that there would not be the same interest in the teaching, and that the student would acquire a routine and useless knowledge.

Standard of examinations.
Boyd, 14254–82.

553. Not much evidence was taken upon the subject of the examinations of students; the opinion was expressed that the qualifying standard needed to be raised, and made uniform; but it was not seen how this could be effected unless a central examining board were set up.

Difficulty of obtaining subjects for dissection.
Gould, 14348–51.
Allchin, 15349–50; Anderson, 16502.

554. Complaint was made of the difficulty of obtaining subjects for dissection. It was suggested that it should be made compulsory on the workhouse authorities to send the unclaimed bodies of paupers to the hospitals for this purpose.

Want of access to infectious cases.
720, 758–62, 893, 924–7, 1505–7, 1753–5, 2355, 2862–5, 3487–8, 4354–7, 7688–9, 9157–9, 9717, 14552, 16086–9, 16475 21693, 22387–93, 25575.

555. The great need of access for students to infectious cases, for the purpose of study, was a matter which was thought to require urgent attention. Until quite recently the medical training available seems to have been almost entirely deficient in this respect. The recent opening of the fever hospitals for this purpose will, it is hoped, remove this defect.

556. The question of opening the poor-law infirmaries and dispensaries to students is elsewhere referred to. (*See* pp. xl., lxxv–vi.)

HOSPITAL SUNDAY FUND.

557. The Hospital Sunday Fund was originated in 1873; the amount then collected was 27,000 *l.* The fund has increased yearly. In 1889 it reached 41,700 *l.* A collection is made in nearly every chapel and church of every denomination on a certain Sunday in June. In 1889, 1,655 collections were made. The money collected is sent to the Mansion House, and is distributed by the Council * of the Sunday Fund, being apportioned on the "needs and merits" of each institution. The fund prepares a form into which all accounts have to be analysed; and if information is deficient, more clear information is required, or a special form of accounts has to be filled up. Waterlow, 2748. 2753.

558. The Council tries to arrive at the sum required by the hospital from the public, and this is called "needs." The expenditure is divided under two heads, maintenance and management; maintenance includes all that is necessary for the care and treatment of the patient, including nurses' salaries and annual cleaning. Under management come expenditure in administration, salaries of secretaries, collectors, printing, advertising. Then as the management is economical, compared with the maintenance, so is the "merit" estimated. It would seem that a hospital, if it shows a deficit, gets a larger grant than if it had made both ends meet. Melhado, 12867-8.

559. In some cases secretaries are called for explanations. After explanations, it sometimes occurs that the contribution is refused; four were refused in 1889. Five others did not send their officials to attend and confer with the authorities of the fund. The witness thought that the influence of the Sunday Fund had been usefully exercised to discourage the increase of special hospitals, though no direct steps had been taken with this end in view. To maintain the 1,800 unoccupied beds, he estimated 50,000 *l.* to 55,000 *l.* was required. Very opposite views were expressed as to the advantages of the Hospital Sunday Fund. Waterlow, 2766. 2780. Mackenzie, 2367. Currie, 3154.

560. A hospital established for three years may get on the list of recipients from the Hospital Sunday Fund. Hardy, 1093.

HOSPITAL SATURDAY FUND.

561. The Saturday Fund was started in 1874 to interest the working class in hospitals, and to get contributions from that class to aid them. It is a working man's fund. It is incorporated under the Companies' Acts as an association not for profit; whilst the Saturday Fund attempts to collect small sums from working men weekly, for which purpose collecting sheets are distributed quarterly, ruled for a weekly collection. Where this weekly collection is impracticable, an attempt is made to introduce an annual collection. Acland, 22804

562. In 1874 the street collection was 258 *l.*, and the shop collection about 5,000 *l.*; in 1890, 5,096 *l.* was collected in the streets; and 15,237 *l.* in the workshops and similar places. The Chairman of the Hospital Saturday Fund thought that the street collection had about reached its limit, but that the workshop collection had infinite capacity for extending. The largest subscriptions were from the printers, and a small amount is received from clubs. 22806.

563. The fund is managed by a board of delegates elected in the workshops, which is supreme. There are four committees, including a surgical appliance committee elected by the board, each committee consisting of 12 members; and there is, besides, an executive committee composed of the representatives of the other committees and the honorary officers of the fund. The Committee were informed that there were seven or eight actual working men on the executive committee. There are also local committees composed of persons interested in the work of the fund, but not necessarily members of the board of delegates, which are principally engaged in organising the street collection. The committee work is done in the evenings to enable the working men to attend. In 1890 there were 4,301 subscribing firms. No grant is made to any institution which is not governed by a committee. The funds are distributed thus: the whole amount to be distributed is divided into three parts, the first, composed of three-fifths 22812. 2281

* For constitution of the Council, *see* No. 25745.

three-fifths of the whole, is set aside and distributed in proportion to the relief afforded by the different institutions; and the other two parts, each consisting of one-fifth of the whole, are distributed in proportion to the economy and efficiency
Acland, 20641. shown by the different institutions. In the case of one hospital, while the grant of the Sunday Fund was reduced the Saturday Fund was greatly increased.
22823. Letters of recommendation are received from the hospitals sometimes on the same scale as letters are allotted to ordinary subscribers, sometimes on a special scale. Letters of recommendation in proportion to grants made to them, sometimes on same scale as letters allotted to ordinary subscribers sometimes on a special scale. The letters are distributed through the collectors in the workshops.

22824. 564. No commission is allowed, but considerable salaries are paid. The main aim of the fund is to collect small weekly subscriptions from the classes who cannot give considerable sums at one time.

CONCLUSIONS.

565. The evidence having been summarised in the preceding pages of the Report, it only remains for the Committee to draw their conclusions and to make certain recommendations.

Endowed Hospitals.

566. The Committee observe that only when the endowed hospitals wish to deal with their estates, or to alter the fundamental conditions on which they administer charity, can the Charity Commissioners effectually intervene. The practice is that the endowed hospitals send their accounts annually to the Charity Commissioners; but the action of the Commissioners is limited to receiving these accounts, and the Committee recommend that the Commissioners should have power to audit the accounts, and to see that the endowments are applied according to the trust.

567. For the building of St. Thomas's Hospital the authorities had to borrow 100,000 *l.* at the rate of 4 per cent., which was afterwards reduced to 3 per cent. St. Thomas's Hospital has 27,000 *l.* invested with the Charity Commissioners, and the Committee consider that it is to be regretted that by the action of the Charity Commissioners the hospital was prevented from using its own money.

568. In the case of the three endowed hospitals, the Committee are of opinion that the system of administration does not on some points compare favourably with that which exists at the other general hospitals. It throws too much power and responsibility into the hands of one individual, the treasurer; though at St. Thomas's Hospital a larger share in the administration is assigned to Committees, than at the other two. The Committee would especially direct attention to a report by Dr. Thorne (*see* paragraph 18 of this Report), showing that the Nursing Home of St. Bartholomew's Hospital was in a very unhealthy state, to such an extent that 23 nurses and three ward maids were attacked with diphtheria; and also that the drainage arrangements of the three principal ward blocks of the Hospital Square were defective, and "could not be too strongly condemned." The Committee consider that had there been a large committee of governors alive to the responsibilities of their office such a discreditable state of things would not have been allowed to occur. It appears in the evidence that the surveyor, a salaried officer, during the three years that he had been in office had never been called upon to make a thorough examination of the drainage of the hospital; and though a report was at length made, it was not a thorough report, the excuse being given that it had to be ready by a certain date, and that there was not time to make it as thorough as it ought to have been. This neglect is, in the opinion of the Committee, the more inexcusable, owing to the affluent circumstances of this Charity.

569. The Committee would suggest that in all these endowed hospitals the government should be carried on by a system of weekly boards and sub-committees.

570. As regards St. Thomas's and Guy's, the Committee greatly regret to remark that owing to want of funds, occasioned by fall of values, for the most part

part in agricultural rents, a certain number of beds are obliged to be kept vacant in each hospital, while others are let to paying patients.

Remaining Eight General Hospitals with Schools.

571. The remaining eight general hospitals with schools depend entirely for their support upon voluntary contributions, excepting in a few cases where they possess some small endowment.

572. Their systems of management greatly resemble one another, and the evidence shows that they are generally well administered. The Committee note the enormous amount of work done by unpaid boards of managers; and the care exercised, so far as the Committee are able to judge, in the appointment of their medical as well as other officers.

573. The Committee desire to refer to the personal nursing dispute appearing in the evidence of the London Hospital. The authors of these charges were for some time nurses and probationers in this hospital, some of whom did not remain during the whole period of training, and of whom two, at least, stated grievances of their own which were not confirmed by the evidence; and the late chaplain who, for some time before the termination of his connection in that capacity with the hospital, had differences with the committee both in these matters and also in regard to the performance of his own duties.

The charges are on the whole, in the opinion of the Committee, not substantiated by the evidence. The evidence in regard to the injury to the health of the "sisters" appears inconclusive. The Committee consider that the difficulties would have been avoided had the Governing Board, in charge of the hospital at that time, not allowed their authority to fall into the hands of salaried officers. In justice, however, to the London Hospital, the Committee wish to add, that it is an admirable hospital, doing work in a part of London where it confers inestimable benefits upon a very large and very poor population. They, therefore, think it is deserving of the greatest measure of charitable support.

574. The Committee recognise that it is advisable, under present circumstances, to maintain the individuality of these general hospitals, and they consider that the generous rivalry thus promoted, tends to medical and administrative efficiency.

575. The Committee suggest that the fact of not holding the diplomas of the Royal College of Physicians and Royal College of Surgeons of London should not exclude practitioners who have graduated elsewhere from becoming members of the staffs of the general hospitals in London. At present at only one general hospital, St. Mary's, are there no restrictions. The Committee would gladly see the restrictions removed at the other hospitals in London.

Convalescent Homes.

576. The Committee remark that the accommodation for convalescents in connection with the large hospitals is insufficient, only two or three having convalescent homes attached to them; and that this want is met by the authorities of the hospitals subscribing, through the samaritan fund, to convalescent homes.

Owing to the scarcity of accommodation the patients, although not thoroughly cured, are discharged, if well enough to leave the hospital. In some cases these patients find their way to the poor-law infirmaries; in other cases, patients suffering from medical complaints, have to be kept for long periods in a hospital, although they would recover more rapidly at a convalescent home in the country. Moreover, these patients have to be provided for in the hospital, to the exclusion of those who would be admitted were beds vacant.

The Committee avail themselves of this opportunity to direct attention to this need, in the hope that more extensive convalescent accommodation may be provided by philanthropic effort.

Out-patients and Dispensaries.

577. The Committee received much evidence on the subject of the out-patient system. On the one hand were set forth the advantages of large out-patient departments for teaching purposes, and for the relief of the poor, as they are open at all times day and night, and the great advantage they

afford as centres for consultative purposes. On the other hand it was urged that unlimited medical relief was the first step towards pauperising large masses of individuals. The witnesses who held this view pointed out the advantages of provident associations. Those who had not the means to belong to a provident association could obtain medical relief from the institutions provided by the Poor Law.

578. It was suggested that it might be advisable to map out London into districts; and that a person leaving one district, and therefore the provident medical association, could easily attach himself to the provident medical association of his new district. But the Committee, agreeing that such an arrangement would be highly desirable if it were practicable, doubt whether in London, with its heterogenous and migratory population, such an organisation would be possible.

579. It is considered by the Committee that by the abolition of the out-patient departments medical education would be seriously interfered with, and further, that on the whole it must be left to the authorities of the hospitals themselves to arrange the organisation of the out-patient department, with the view of rapidly attending to the requirements of the public, and of insuring as far as they can that the charities shall not be abused.

580. The Committee are of opinion that the charities are not abused to any serious or appreciable extent, nor do they think that it was by any means proved that patients are carelessly treated, or treated by students instead of thoroughly qualified medical practitioners.

581. The evidence respecting fees appears to show that above the sphere of the poor law there must exist a large section of the population who cannot afford to pay a doctor in the case of long and serious illness, or in the case of a large family.

582. On reviewing the evidence as to the different systems pursued by the different great general hospitals, the Committee think that, on the whole, the system of limiting the number of out-patients per diem is the most convenient.

583. The Committee consider that inquiries should be made, wherever experienced officials think there is cause for suspicion, and that the patient should establish a *primâ facie* case for charitable relief.

584. It was difficult to obtain from witnesses the exact amount of the work of an out-patient department, because the return of new cases only shows about a third of the work done; it was, however, generally agreed that each patient attended on the average about three times. The Committee do not attach too much importance to the statements as to the reduction of fees of practitioners among the poor by the free work of the hospitals, but it is obvious that the existence of the charities must tend to reduce them.

585. Medical practitioners and the medical officers of free and other dispensaries should be encouraged as much as possible to take advantage of out-patient departments as centres for consultative purposes, and, from the evidence of many hospital witnesses and others, this is already done to a certain extent. In the case of dispensaries and practitioners, the patient might be left in the hands of his medical adviser, and not necessarily taken into the hospital.

Distribution of Hospitals.

586. The Committee observe with regret that on the south side of the Thames there is very little hospital accommodation compared with that on the north side. St. Thomas's Hospital and Guy's Hospital, already shown to be obliged, for want of funds, to close their doors to many of the sick poor, are the only large general hospitals south of the Thames, but they are situated in the extreme margin of the southern district. One witness from the south side described the medical relief as lamentably deficient; at the same time it was stated that Lambeth Infirmary was full.

587. On

587. On the north side of the Thames, especially in the region of Soho, there is great congestion of hospital accommodation; it was stated by a witness that within one mile of the Middlesex Hospital (Berners street, Oxford-street) there are over 2,050 hospital beds, as well as 13 dispensaries of various kinds; in fact, that by far the greater proportion of the institutions for medical relief are within an area of two miles square. In addition to this local accommodation for the sick, there is the Marylebone Infirmary at Notting Hill, where there is accommodation for 650 patients; Paddington Infirmary, 180 beds; and Central London Sick Asylum, 264.

588. It was suggested that certain hospitals might be removed from places where they are not so much required to localities where the accommodation is deficient. The Committee cannot regard this suggestion as practical, but they would strongly advise that more hospital accommodation should be provided south of the Thames, and were it possible to find the site, and were philanthropic endeavours to be made for further accommodation for the sick in London, a large General Hospital, say in the densely-populated district of Camberwell, would no doubt be of extreme value.

589. The Committee do not lose sight of the tendency of individuals to prefer some particular hospital, and many instances were given of patients passing four or five hospitals on their way from their homes to a particular hospital in which they had confidence. Though the Committee cannot doubt that this is a fact, and that possibly this migratory disposition would not be checked by the building of a large general hospital, they are, nevertheless, convinced that more hospital accommodation is required south of the Thames.

Education.

590. The Committee had before them all the Deans of the medical schools, and heard opinions from some prominent members of the profession. Many witnesses put forward views in favour of and against central colleges for the teaching of certain subjects. The Committee consider it well worthy of consideration whether it would not be advantageous that the medical schools in London should affiliate themselves to a teaching university or organisation, after the nature of colleges in a university, with the view to the securing first-rate lecturers for the subjects which can be taught in classes as distinguished from clinical instruction.

591. The Committee observe that a very useful field for medical instruction is at present closed to students, namely, the poor-law infirmaries. It was the opinion of nearly every witness that these infirmaries could be usefully opened for clinical instruction. In this the Committee heartily concur. In addition to the large field for instruction which would thus be opened, they agree with the opinions expressed that the presence of students is to the practitioners stimulating, by reason of the observation and criticism which is brought to bear on diagnosis and treatment; and the evidence they have received shows that where a system of clinical classes of students is carried out under proper regulations the patients have no objection to students at their bedsides.

592. It appears that there are only three hospitals where female clinical clerks are employed: the Hospital for Children in Great Ormond-street, Royal Free, and New Hospital for Women. Witnesses from these hospitals testify to the ability and address with which the duties of such clerks are performed.

Special Hospitals.

593. The case of special hospitals and the arguments urged for and against this class of hospital are summarised in the preceding pages. Hospitals for certain diseases of patients; for example, for children, do not appear to the Committee to be open to the criticisms made on special hospitals.

594. Lock hospitals form a separate subject for consideration. The Committee think that the nature of the disease and the character of the patients make it desirable that they should be treated in separate buildings, or at all events, in separate wards from other patients. The Committee have had their attention particularly directed to the fact that patients in these hospitals are in the habit of quitting the hospital in a diseased state on such occasions as the

Derby week, fairs, &c., for the purpose of pursuing their avocation. The Committee recommend that provisions analogous to those which prevent a patient leaving a hospital when suffering under infectious diseases should be extended to certain venereal diseases.

595. Objection is made to special hospitals on the ground that exclusive attention to a particular disease tends to narrow the mind and to induce a specialist to imagine that all complaints are in some measure connected with the disease to which he has devoted so much attention. It is obvious that there is a certain tendency in any special study to narrow the mind, but any such consequence is practically avoided if the practitioner goes through a sufficient course of general hospital and other general practice before he elects to devote himself as a specialist to a particular disease. It is impossible to prevent the natural consequences of the great competition in London to force men into eminence in respect of their special knowledge and familiarity with particular complaints. After all the evidence presented to them it seems to the Committee that the hostility, so widely shown by the medical profession to special hospitals, arises from the fact that numerous small hospitals for special diseases have been instituted by medical men for the purposes of their own advancement, and that such a course of action leads to the establishment of hospitals where they are not wanted, to waste of money incident to the creation of badly managed and small institutions, and to the deception of the public by inducing them to subscribe to undertakings alleged to be of public benefit, but which are in reality mere schemes for private emolument, and also are useless for teaching purposes.

596. The Committee consider that the charge of abuse is substantiated in regard to some small special hospitals. This class of small special hospitals to which the Committee refer, of which examples appear in the evidence, the Committee do not consider of any real benefit either to the sick or to science. They appear to be carried on sometimes in incommodious buildings, or under unsanitary conditions, and the Committee would deprecate the multiplication of such institutions.

597. The Committee think it their duty to invite particular attention to the case of the Royal Hospital for Incurables at Putney. While in receipt of very large support, having a surplus in 1889 of 16,000 *l.*, the authorities of this hospital appear to be incapable of effecting reforms, and are extremely resentful of external observation. In regard to this hospital the Committee would strongly recommend reforms in this direction: That a resident medical officer should be appointed with general control in absence of the committee, as is the case in the poor law infirmaries; that a ladies' committee should be appointed, as a large majority of the patients are females; that all nurses should be hospital-trained; that the contracts for food, and stores of all kinds, should be by open tender, and that the general supervision by the committee of governors should be greatly increased. The objects of this charity are excellent, but until the management is thoroughly reformed, the Committee regret that they feel bound to add that the institution is not one which can be commended.

Accounts.

598. The Committee observe with satisfaction that, since the opening of this inquiry, a committee, comprised of the secretaries of some of the principal London hospitals, has been considering the subject of a uniform basis of accounts, a copy of which appears in Appendix A. to the Report. The Committee are glad to notice that those best acquainted with hospital accounts have recognised the advisability of a uniform system. The Committee consider that, for accuracy, further subdivision on the expenditure side might be advisable; as, for instance, "firing and lighting;" also "wines and spirits," might be tabulated separately. Under Heading VI. it might be well to state, for the information of the public, for whom the "salaries, wages, and pensions," as well as "other salaries, wages, and pensions," are charged. It might be worth while for the committee of hospital secretaries, if it renews its sittings, to consider whether the totals might be stated on one page, with letters referring to schedules, where the items of expenditure might be set forth in greater detail.

599. In

599. In the evidence before the Committee mention was made of the difficulty of ascertaining the cost of an out-patient, without which calculation any estimate of the cost "per bed" is unreliable. The Committee do not think the difficulties insurmountable. The main difficulty appears to be to separate the accounts of the dispensaries into two parts—in-patient and out-patient; this once arranged, the reliable cost per bed might be ascertained. The Committee consider that this difficulty might be met thus: an account might be kept of any drugs supplied for the in-patients; the difference between the total dispensed and the amount supplied to the in-patients would be the amount supplied to the out-patients. The wages of the nurses in the out-patient department, and the wages of the scrubbers, porters, &c., employed could be charged to the out-patient department. The proportion of rates and taxes might be estimated by the proportion which the space allotted to the out-patient department bears to the whole hospital.

Contracts.

600. The Committee consider that all contracts should, as far as possible, be by public tender, according to the practice enforced by the local board in regard to poor-law infirmaries.

Co-operation.

601. The Committee regret to remark that there does not seem to be any genuine wish for co-operation between the various kinds of medical institutions. They are of opinion that much more might be done than at present by the hearty co-operation between the special hospitals and general hospitals, between dispensaries of all kinds and general hospitals, and between general practitioners and general hospitals. It would be an early duty of a central board to devise some scheme to further such co-operation.

Nursing.

602. The subject of nursing is treated at length on pages lxxix to xci. A certain amount of variety exists as to the hours of employment of nurses in the general hospitals in London. The Committee consider that eight hours work, exclusive of the time for meals, is, as a rule, as much as should be required from nurses in these hospitals. In constructing future hospitals care should be taken that sufficient accommodation for nurses be provided to allow of the hours of nursing being reduced.

603. They would suggest that every nurse in the large and busy hospitals in London should have at least two days off in the month, and that the period of holiday should not be less than three weeks; that not less than one full hour should be allowed for dinner; and while, on the whole, the food of the nurses appears to be good, yet, from the nature of the occupation of nurses, special care ought to be exercised that as well as being sufficient in quantity and in quality it should be served in an appetising manner. To bring about this end the Committee are strongly of opinion that at the nurses' dinner one of the head officials of the hospital should preside, and that the dinners should be frequently visited by members of the governing body.

604. The Committee note with satisfaction the great preponderance of opinion that the health of nurses in London is good.

605. The Committee think it very desirable that, where the funds of the hospital permit, pensions should be provided for nurses, whether by the hospital following the example of the London and Guy's, by joining the National Pension Fund for Nurses, or by the hospital providing a special pension out of its own funds.

606. Nurses in the wards should not have their duties increased by doing menial work, such as scrubbing and cleaning grates and lavatories, or other services of a like nature. For that purpose, as is the case in most hospitals, the class of servant termed "ward-maids," or scrubbers, should be employed.

607. While the Committee recognise that the matron must be greatly responsible for the appointment, and dismissal, and general conduct of the nurses, they are strongly of opinion that no absolute power ought to be given to any matron, but that the appointments and dismissals should be made by the chief executive

authority of the hospital. It is to be observed that many hospitals send out nurses after a certain period of training, at sums varying from one guinea to three guineas a week to private patients. That these nurses bring considerable addition to the funds of the hospital there can be no doubt. The Committee consider that this is a good practice, but that, to prevent the wards from being denuded of nurses in order to bring funds to the hospital, a separate staff should be employed for this purpose. They are of opinion that the minimum period, after which a nurse can be advertised as thoroughly trained, is three years; and considering the large amount of money these nurses can earn for the hospital, the Committee think that a sliding scale commission on their earnings, mentioned as being in practice at one of the large general hospitals, would be a fair addition to their regular hospital wages.

608. It appears that at the London Hospital, in the form of certificate for nurses, certain blanks may be filled up in different ways according to the discretion of the matron. The nursing capabilities and conduct of the nurse may be described respectively as "excellent" and "exemplary," which constitutes a first-class certificate; or, as "good" in both cases, when the certificate ranks as second class. It would seem that the latter form is used when the matron is by no means satisfied with a nurse; and the Committee think that words indicative of inferiority should be inserted in all certificates below the best, if, indeed, it is desirable that any such certificate should be issued at all.

609. In regard to male nurses who appear to be only employed in cases of violent patients, with the exception of two hospitals, every care should be exercised to secure the services, if not of duly-qualified men, of well known and thoroughly trustworthy persons having if possible some experience.

610. Nursing in the poor law infirmaries differs in various institutions. In some a large proportion of nurses are hospital trained; but the Committee regret to find that one-half of the matrons are not regularly trained nurses. The Committee are strongly of opinion that not only all matrons, but that all nurses in a poor law infirmary should be trained nurses; the Committee would recommend that no nursing whatever should be done in infirmaries by paupers. The Committee remark that there is no separate infirmary at Bethnal Green, and they observe with surprise and regret that there appears to be in the sick wards in this workhouse a regular staff of less than twenty nurses, some of whom are sixty-five years of age, and that as many as eighty paupers are employed as nurses.

611. The Committee consider that the number of nurses should be increased throughout the infirmaries, and that infirmaries should train their own nurses. This system already exists at one of the largest infirmaries in the Metropolis.

Poor Law Infirmaries.

612. On the whole the Committee are inclined to think that the system of organisation which places the resident superintendent in charge of the whole institution is a good one.

613. The Committee agree in the suggestion of Miss Twining, that lady inspectors for infirmaries, especially as regards the nursing department, would be a valuable addition to the staff of the Local Government Board.

614. The new poor law infirmaries established since 1867 appear to the Committee, so far as they are able to judge from the evidence, to be well-managed institutions. They think that further accommodation is required, as it was pointed out that a large number of sick poor have to be treated in the sick wards of certain workhouses. The medical supervision is less efficient in the workhouse, while the nursing is altogether inferior. The Committee concur in Dr. Bridge's suggestion that the accommodation in infirmaries should be increased so as to take the patients who are now housed in the workhouses. A notable instance exists in the case of the three unions, the Strand, St. Giles's, and St. James's, which have but a single infirmary between them, the London Central Sick Asylum, containing only 264 beds, as has been observed above, while Bethnal Green has no infirmary whatever. The Committee observe that, although strong representations have already been addressed by the Local Government

Government Board to the guardians of Bethnal Green with a view of increasing their sick accommodation, no steps have yet been taken to remedy the defect; and they are of opinion that if the powers of the Local Government Board are insufficient to enforce a proper provision for the sick they should be extended.

615. The want of accommodation for the sick is also notable as regards the Whitechapel district, where it appeared that at times the infirmary has 10 per cent. more patients than its proper complement.

Hospital Saturday and Sunday Funds.

616. The Committee think the public might subscribe more freely to the Hospital Saturday and Sunday Funds, could they believe that by these organisations they were really enabled to discriminate between those hospitals which are worthy and those which are unworthy of support.

617. The system of distributing the Sunday Fund on the principle of "work done," and the Saturday Fund on that of "relief afforded," appears to be open to the objection that it is a premium on competition for patients; and that it tends to stimulate the discharge of patients before the cure is complete, with a view to show as large a return as possible of patients in the year.

Proposed Central Board.

618. Various proposals for a Central Board are set out on pages 1 to liii of this Report. The Committee do not incline absolutely to any one of these proposals. They are of opinion that, as there is no Government grant, the interference of a Government officer for inspection would be unwise, and they think such interference would tend to check the flow of voluntary contributions, and to some extent to interfere with the responsibility of the unpaid Boards of Managers.

619. The Committee do not think that such a Central Board should be given any statutory powers as regards the formal licensing of any hospital built, or about to be built. They would recommend that the proposed Central Board should be granted a charter to entitle it to receive endowments, legacies, bequests, and contributions for distribution to medical charities, and to meet its own necessary expenses. The Board might be organised in the following way:—

The various hospitals and dispensaries of all kinds should be grouped.

The smaller hospitals should be grouped according to the classes of disease which they treat.

Each general hospital, with or without a school, might be considered to be equivalent to a group.

Each group would send one or more delegates to be members of the Central Board.

The heads of the great Medical Corporations, *e. g.*, the Royal Colleges of Surgeons and Physicians, the Medical Council, and the Society of Apothecaries, might become members of this Central Board.

The free and part-pay dispensaries might send one member, and the provident dispensaries also one member.

The Hospital Saturday and Sunday Fund might each send one member.

A table (marked "A.") is attached, suggesting details for the formation of such a board.

The duties of this board might be of the following nature:—

(1.) It should receive annual reports, statements of accounts, and balance sheets, from all hospitals and dispensaries, together with a return of the total number of in-patients, out-patients, and casualty patients.

(2.) It should require that all accounts be audited by competent chartered accountants.

(3.) It should arrange that all medical charities should be visited and reported on periodically.

(4.) It should report from time to time, as occasion required, all proposals for new hospitals.

(5.) It should publish an annual report, the principal heads of which might be as follows:—

(A.) A complete statement as to the pecuniary position of each medical charity.

(B.) A statement by a competent authority as to the existing sanitary condition and ventilation of each hospital, and as to arrangements concerted with the Metropolitan Fire Brigade.

(C.) An account of the number of beds in use, the number of beds unoccupied, and the reasons why they are unoccupied. The average daily number of occupied beds, details as to beds for which payment is made, and the number of resident medical staff, resident officers, nurses, and servants.

(D.) A statement as to the method according to which each hospital deals with its out-patients and casualty patients, and the number of each.

(E.) Proposals for the removal of hospitals and dispensaries to places where further hospital or dispensary accommodation is required, and the proposals for the establishment of new hospitals, and all other matters of interest relating to the treatment of the sick poor.

(F.) The nursing at hospitals, and the proceedings of nursing associations in the metropolis.

(6.) The proposed board should early turn its attention to the possibility of so organising medical charity, as to secure their co-operation with one another, and the co-operation of medical charity with general charity.

TABLE A., referred to in previous page.

Suggested Grouping of Hospitals for Purposes of Representation on the proposed Central Board.

Group of Hospitals, &c.	Number of Beds.	Number of Representatives.	Total Representatives of Groups.
3 Endowed hospitals	1,912	6	
8 General, with schools	2,613	10	
9 General, without schools	837	4	
			20
16 Women and women and children	926	4	
4 Consumption	511	1	
2 Dental		1	
3 Incurables		1	
2 Cancer	141	1	
4 Paralysis and Epilepsy	240	1	
3 Orthopœdic	113	1	
2 Seamen and Accidents	308	1	
5 Ophthalmic	197	1	
5 Throat and Ear	52	1	
7; 4 Skin and 3 Fistula, &c.	112	1	
1 Lock	208	1	
1 London Fever	180	1	
4 Lying-in	132	1	
7 Foreign and pay	249	1	
Free and part-pay dispensaries		1	
Provident dispensaries		1	
			20
General Medical Council		1	
Royal College of Physicians		1	
Royal College of Surgeons		1	
Society of Apothecaries		1	
General Practitioners		1	
University for London		1	
			6
London County Council		1	1
Sunday Fund		1	1
Saturday Fund		1	1
		TOTAL	49

620. While

620. While this board would not have any direct or legal power to stop the building of a new hospital, or to amend systems of organisation in existing institutions, the Committee think that the fear of adverse comment in the reports of the board, or omission from recommendation in those reports, would have a powerful influence in preventing the building of useless hospitals and in securing proper administration in existing institutions.

621. The Committee think that the board should assist and work with the managers of the Hospital Saturday and Sunday Funds, and that in addition to the caution which is exercised by the administrators of those funds no grant should be made to any institution whose application was not endorsed by the central body.

622. There can be little doubt that in times of pecuniary difficulties of any individual hospital or group of hospitals, appeals to the public would have greater weight were they supported by a body of responsible men who were conversant with the merits and the means of all the medical charities in London.

623. The expenses of this board might be defrayed by levying a small percentage on the income of each group of hospitals sending a delegate to the board.

624. In sketching the foregoing outline of a central body, the Committee are desirous of expressing their opinion that some more satisfactory organisation of medical charity is most desirable. It should always be borne in mind that the establishment of poor-law infirmaries, and rate-supported asylums, under the Metropolitan Poor Law Act, 1867, has in great measure altered the relations between the poor and the hospitals, and everything associated with medical charity; and the Committee cannot shut their eyes to the possibility that if some such organisation as they have recommended is not adopted, a time may come when it will be necessary for hospitals to have recourse either to Government aid or municipal subvention.

625. It is shown by the evidence that, apart from the three endowed hospitals, the general hospitals in London are maintained principally by the legacies they receive, and large donations from unexpected quarters. In most cases the subscriptions from annual subscribers do not suffice to pay the wages of the servants and nurses employed in the service of each hospital, to say nothing of the cost of maintenance and administration. It has been authoritatively stated that from 50,000 *l.* to 55,000 *l.* per annum are required to render available the 1,800 or 2,000 vacant beds which are said to exist.

626. One endowed hospital is maintained entirely by its endowments, but the two others are so short of funds that many beds are closed to the sick poor.

627. It but remains for the Committee to acknowledge the readiness with which the authorities of the medical charities and of the poor law institutions have laid before them all the information desired.

13th June 1892.

ORDERS OF REFERENCE.

Die Martis, 15° *Martii*, 1892.

METROPOLITAN HOSPITALS, &c.

Moved, THAT a Select Committee be appointed to consider the evidence taken during the Sessions of 1890 and 1891 with regard to all hospitals and provident and other public dispensaries and charitable institutions within the metropolitan area, &c.; and to report thereon to the House (The Lord Sandhurst); agreed to.

Then the Lords following were named of the Committee:

Lord Archbishop of Canterbury.
Earl Cadogan (*Lord Privy Seal*).
Earl of Winchilsea and Nottingham.
Earl of Lauderdale.
Earl Spencer.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Saye and Sele.
Lord Clifford of Chudleigh.
Lord Sandhurst.
Lord Fermanagh (*Earl of Erne*).
Lord Lamington.
Lord Sudley (*Earl of Arran*).
Lord Monkswell.
Lord Thring.

The Committee to appoint their own Chairman.

Die Lunæ, 9° *Maii*, 1892.

Select Committee to meet on Thursday next, at Twelve o'clock, and to appoint their own Chairman; leave given to the Committee to take further evidence on oath; the evidence taken before the Select Committee from time to time to be printed for the use of the Members of this House; but no copies thereof to be delivered, except to Members of the Committee and to such other persons as the Committee shall think fit, until further order.

Ordered, That the evidence taken by the Select Committee on Metropolitan Hospitals, &c., during the Sessions of 1890 and 1891, be referred to the Select Committee on Metropolitan Hospitals, &c., of the present Session.

LORDS PRESENT AND MINUTES OF THE PROCEEDINGS AT EACH SITTING OF THE COMMITTEE.

Die Jovis, 12° *Maii*, 1892.

LORDS PRESENT:

Earl Cadogan (*Lord Privy Seal*).	Lord Zouche of Haryngworth.
Earl Spencer.	Lord Clifford of Chudleigh.
Earl Cathcart.	Lord Sandhurst.
Earl of Kimberley.	Lord Sudley (*Earl of Arran*).

The Orders of Reference are read.

It is moved that the Lord Sandhurst do take the Chair.

The same is agreed to

It is moved that the Committee be an open one.

The same is agreed to.

A DRAFT REPORT, prepared by the Chairman, is laid before the Committee, and is as follows, viz. :—

"The Committee have taken the evidence of the following classes of witnesses: General practitioners, attending all classes; special practitioners; medical men on the consulting staff of various general and special hospitals; resident medical officers in hospitals; deans of medical schools, secretaries, and those engaged in the administration of general and special hospitals and dispensaries of various kinds; medical men attending dispensaries; gentlemen who are the principal advocates of the provident system of medical relief; secretaries of provident medical institutions, and their medical officers; the superintendents of Poor Law infirmaries; the medical officers, Poor Law dispensaries; medical officers in charge of sick wards attached to workhouses; the principal clerk of the Metropolitan Asylums Board, the superintendent of infectious hospitals under that Board; the medical inspector for the Metropolitan district for Poor Law purposes; Mrs. Garrett Anderson (Dean of the School of Medicine for Women); the principal officers of the Hospital Saturday and Sunday Funds; the secretaries of the Charity Organisation Society; the Chief Charity Commissioner; and others who are regarded as authorities on the subject.

"The Committee consider that they have in the evidence already presented examples of every institution in London, whether supported by charity or Poor Law, for the relief of the sick poor. It has obviously been impossible to inquire into every institution; therefore, by desire of the Committee, series of questions were sent to every institution in London. Copies of the questions on sheets marked A., B., C., D., will be found in the Appendix, and also the replies in tabulated form.

"1. The institutions existing in London for the care and treatment of the sick poor are, (*a*) those supported by charity, and (*b*) those provided under the Poor Law, and may be classed as follows:

"1. General Hospitals.

"2. Special Hospitals.

"3. Dispensaries (Provident, Part-pay, Charitable, and Poor Law).

"4. Poor Law Infirmaries.

"5. Hospitals under the management of the Metropolitan Asylums Board (for Infectious Cases).

"2. The organisations for the nursing of the patients in these institutions, and for the training of Medical Students, form important branches of the Inquiry.

GENERAL HOSPITALS.

"3. The General Hospitals of London are:—

"1. St. Bartholomew's.

"2. St. Thomas's.

"3. Guy's.

"These three are known as the Endowed Hospitals.

"4. The London.
"5. The Middlesex.
"6. The Charing Cross.
"7. The Westminster.
"8. St. George's.
"9. University College.
"10. King's College.
"11. St. Mary's.

"These 11 Hospitals are those which have Medical Schools attached to them.

"12. The Royal Free.
"13. The Miller Memorial (Greenwich).
"14. The Great Northern Central.
"15. The Metropolitan.
"16. The West London (Hammersmith).
"17. The Tottenham.
"18. The North West London.
"19. The London Temperance.

"4. *Endowed Hospitals.*—Although the so-called endowed hospitals derive a portion of their revenue from voluntary contributions, while some of the others are more or less substantially endowed, the proportions in which their incomes are derived from these respective sources differ to so considerable an extent as to make a very broadly marked distinction between the two classes. St. Bartholomew's, for example, has 7 per cent. from voluntary subscriptions; Guy's and St. Thomas's, 25 per cent.; St. George's (the most largely endowed of the voluntary hospitals), 71 per cent. Hospital endowments, so far as they are of a permanent character, come under the Charitable Trusts Acts, and are within the jurisdiction of the Charity Commissioners, without whose consent they cannot be alienated, and to whom their accounts have to be annually rendered. The bulk of the revenue-bearing property of the hospitals (other than the three "endowed" hospitals) is derived from accumulations of legacies and gifts which have not been required to meet the current expenditure; it is not in the nature of permanent endowment, but can at any time be withdrawn and applied as income; while the remainder, which is strictly tied up, and is therefore technically subject to the control of the Charity Commissioners, contributes so small a share to the hospital revenues, that the affairs of these hospitals are not practically brought under the view of the Commissioners. They are free to make up their accounts, and to have them audited and published in their own way, without any external control. The endowed hospitals, on the other hand, though not called upon to publish their accounts, have to send them in annually to the Charity Commissioners, who thus have a certain general supervision over the affairs of these institutions. It appears, however, that they have little power of direct intervention; they can compel the production of documents and the giving of information; but they cannot control the audit, nor can they take direct steps for enforcing their views, except by certifying a case to the Attorney General, a course only appropriate in very bad cases. Only when the hospital wishes to deal with its estates, or to alter the conditions on which it administers its charity, can the Commissioners effectively intervene. Under these circumstances they do not find it practicable to keep a general and thorough check on the accounts which are annually forwarded to them, or to make themselves responsible for the mode in which the revenue is spent; nor do they attempt a complete examination of the accounts. The accounts of the other hospitals do not come under the notice of the Commissioners at all. It was the opinion of the Chief Charity Commissioner that the existing powers of the Commissioners with regard to the accounts ought to be increased, so as to give them a direct right of intervention and control over expenditure.

Longley, 3162-71, 3191-6, 3223-9.

Longley, 3247-8.

Longley, 3241-3.

"5. *Organisation*

"5. *Organisation of Individual Hospitals.*—The following statement shows the general organisation and financial position of most of the leading general hospitals, as appearing from the evidence :—

"*St. Bartholomew's.*

"6. This, the wealthiest and most ancient of the metropolitan hospitals (having been founded in 1122), is situated in West Smithfield, and has a governing body of 273 governors, self-elected; the Lord Mayor, Aldermen, and 12 members of the Common Council of the City of London, being also *ex officio* governors. At the quarterly court 13 governors make a quorum, and the number actually attending varies from about 30 to 150. They appoint the treasurer, the four almoners, and 21 other governors who, with the president, treasurer, almoners, and all past almoners, constitute the house committee. The hospital property cannot be dealt with except by the court on a recommendation of the house committee, and the court makes appointments to all the senior offices. Waterlow, 2473-2603, 2716-26. Cross, 10263-379, 10761-816.

"7. The house committee meets once a month, or oftener if necessary, and the average attendance is about 15; this committee deals with lettings of property, and all the more important matters of expenditure, and makes contracts for provisions; everything of any importance that is done by the almoners is referred to it, and it in turn makes recommendations on important questions to the court which hears the minutes, and reviews the proceedings of the committee every quarter.

"8. The almoners are chosen from among governors who have been on the house committee; one of them goes out of office in every year, and three of the four must never have served the office previously. The treasurer and almoners form the committee of almoners, which meets once a week (all the members being usually present), receives reports from the steward and matron, examines and initials the steward's books, and supervises all matters of detail. This committee, and in its absence the treasurer acting alone, is the executive authority of the hospital, having all necessary powers of management (inclusive of a power to suspend any officer from duty), but being subject in all things to the superior authority of the house committee and the court. In case of need, the treasurer can at any time summon a court or a meeting of the committee; and if the treasurer is absent any two almoners can take his place. Waterlow, 2680.

"9. The treasurer and almoners are unpaid; there is a residence for the treasurer, but it has not been occupied by him for some years, and some of the night nurses are now lodged in it. The highest salaried official is the clerk, who resides in the hospital, and is primarily responsible to the treasurer, whose immediate assistant he is; his salary is 1,000 *l.* a year. He attends all meetings of the governors, and all committees, and makes the minutes, countersigns the cheques, and issues the orders for all supplies, except daily provisions, which are ordered by the steward, in accordance with the requisitions drawn up by the sisters of the several wards. It is his duty to communicate to the treasurer every matter requiring attention, and he appears to have a general responsibility, in the treasurer's absence, for the good order of the establishment; but no power is specially delegated to him of taking summary action in any case of serious and sudden emergency.

"10. The steward is responsible for the proper reception of patients into the wards, and keeps a record of the cases; he has continually to visit the wards, and is the channel of communication between the patients and their friends; he is responsible for taking in the stores and provisions, and for the proper supply of food to the patients; and he has charge of the petty cash.

"11. The medical council consists of all the medical staff except the house physicians and surgeons; it meets quarterly, and at any other times when summoned by the treasurer to consider medical questions. There is no resident medical superintendent, and in-patients are admitted by the physicians and surgeons on duty. There are two chaplains, of whom one is resident in the hospital.

"12. The nursing staff comprises 28 sisters, three night superintendents, and 166 nurses and probationers, in all 197, besides 27 ward assistants; and they are under the charge of a matron, an assistant matron, and a superintendent and assistant superintendent of the Nurses' Home. There is also a Trained Nurses' Institution for private nursing. The sisters and nurses are appointed by the treasurer on the recommendation of the matron, and subject to the approval of the almoners.

"13. The net revenue of the hospital for 1889 was 70,529 *l.*,* derived mainly from houses in London, and from about 13,000 acres of land in Essex and the Midland and Southern Counties. There has been a falling off in the revenue from the country and suburban estates, but that has been more than counterbalanced by the increase in the value of the house property in London. The hospital does not appeal for funds to the public, and does not derive much revenue from private contributions or legacies. 2586, 2725-6, 10325-41, 10348-50, 10459-92, 10502-4.

"14. The

* In 1870 it was 51,126 *l.*

"14. The estates are managed (subject to the control of the house committee and the governors) by the treasurer and almoners, assisted (as regards the country estates) by a land surveyor, who receives 3 per cent. on the rent received, and his travelling expenses; his charges for the past year were 243 *l.*

"15. There was a surplus of income over expenditure in 1889 amounting to over 7,000 *l.*, and this sum, in pursuance of a resolution passed a few years ago by the house committee, was carried to a special reserve fund, now amounting to 23,000 *l.*, which is being accumulated with a view to extending the site of the hospital, and re-building the nurses' home and the college.

10310, 10342–8, 10560–1. "16. All the accounts, both for the estates and for the hospital expenditure, are checked in the clerk's office, and the books are laid before the almoners, and initialled by them, before payments are made. The year's accounts are printed and sent to every governor and to the Charity Commissioners.

"17. The hospital occupies between four and five acres of land, comprising the parish of St. Bartholomew-the-Less; and it is hoped to acquire about an acre-and-a-half in addition from Christ's Hospital, to improve the accommodation for nurses, students, and the resident medical staff. There is accommodation for 667 patients (exclusive of those in the Convalescent Home at Swanley), 189 beds being for medical, 366 for surgical, and the remainder for special cases. The average number of occupied beds is 570. Letters of recommendation may be given by the Lord Mayor or by the governors, but the great majority of patients are admitted without letter. The out-patients treated in 1889 numbered 19,000, and casualty patients over 137,000. The existing structure, which was erected for the most part about the middle of the last century, is under the supervision of a surveyor, and under him of a resident clerk of the works. The surveyor receives a fixed salary and a commission of $2\frac{1}{2}$ per cent. on new buildings; and, in addition to his duties at the hospital itself, he has to survey a large number of houses belonging to it. He comes weekly, or oftener, to the hospital, and attends to any matters brought to his notice by the clerk of the works; and he makes a yearly report on the general state of the buildings and property to the house committee, whose meeting in February he attends for the purpose of giving any explanations required of him.

Thorne, 13202–314. Appendix A. Cross, 13316–456. T'Anson, 13459–711. Burdett, 25893–4. "18. It has not been the practice to make any special periodical examination of the drains and their connections, and, until quite recently, there does not appear to have been any plan showing the existing system of drainage. A recent outbreak of diphtheria among the nurses has, however, led to investigations which show the sanitary arrangements to have been far from satisfactory. In consequence of 23 nurses and three ward maids having been attacked by this disease,* the surveyor was ordered in December 1890, to report specially upon the sanitation of the hospital, and Dr. Thorne, of the Local Government Board, also undertook, at the request of the treasurer, to make an unofficial inquiry. The surveyor's reports, dated respectively the 11th December 1890 and the 2nd February 1891, contained a number of recommendations dealing with imperfections in water-closets, sinks, and drains, and their traps, connections, and ventilation. As regards the main drains of the hospital, the surveyor, having examined them, recommended either that they should be trapped and properly ventilated, or (in case the authorities wished to have a system of drainage quite in accordance with modern sanitary views) that they should be removed and replaced by an entirely new system. When questioned upon this matter he expressed the opinion that the existing brick drains could be made substantially effective, but that, apart from expense, it would be better to remove them.

T'Anson, 13502, 13525.

"19. From the report and evidence of Dr. Thorne it appeared that the principal nurses' home was in a wholesome condition, but that some of the nurses were lodged in a building which was not in a sanitary state, and in which moreover the diphtheria ward was situated, on the same floor as the cubicles provided for the nurses. As regards the general arrangements of the three principal ward-blocks, Dr. Thorne reported that unwholesome conditions existed tending to produce that form of sorethroat which renders renders those suffering from it exceptionally liable to contract diphtheria when that disease is prevalent. Among the defective arrangements mentioned in the report are: ward sinks connected with soil-pipes in which excreta and liquid filth accumulate, and having no effective "aerial" separation from the wards; water-closets ventilating into kitchens which open into wards, and in which the nurses take one of their meals; and vegetable refuse, ward sweepings, and other ward refuse lying in tubs or thrown about on the ground outside the ward windows, and causing offensive odours in the wards. At the same time Dr. Thorne did not consider that the outbreak of diphtheria could be directly attributed to these sanitary defects. With respect to the question of reconstructing the main drainage, his opinion agreed with that of the surveyor.

"*St. Thomas's.*

Brass, 10817–936, 11493–584. Walker, 10637–11152. Wainwright, 11332–492. "20. St. Thomas's Hospital was founded in 1207. Forced in 1862 by the extension of the South Eastern Railway to abandon its old home at London Bridge, the hospital

* There were also two cases of typhoid fever and one of diphtheria among the patients in the surgical wards, and four cases of typhoid among the nurses during 1890.

was for nine years quartered in a temporary building at the Surrey Gardens, and was removed to its present site on the Albert Embankment in September 1871. The cost of the new buildings (including the freehold site) was about 555,000 *l.*, to which the proceeds of the sale of the old site and buildings contributed nearly 300,000 *l.*, the remainder being made up partly out of the funded property of the hospital, and money saved during the nine years' interval, and partly by means of a loan of 100,000 *l.*

"21. The general organisation is as follows:

"(1.) The president, treasurer, and about 340 governors, meeting ordinarily four times a year in general court, 13 members making a quorum. The grand committee's minutes are read before the general court, and that court has control, in the last resort, over everything connected with the hospital.

"(2.) The grand committee, presided over by the treasurer, and consisting of 34 governors, of whom 10 go out yearly, and are not re-eligible till they have been out of office for a year. The grand committee meets monthly or oftener, and is the body responsible for the management of the hospital estates; it also appoints some of the subordinate officers and servants. The quorum is five.

"(3.) The committee of almoners, consisting of the treasurer and four governors appointed from the grand committee. This committee meets weekly, has a quorum of two, and forms practically the executive of the hospital examining the accounts, receiving reports from the various departments and approving of all trade contracts. Matters relating to the administration of the property come in the first instance before this body, before being considered by the grand committee.

"(4.) The house committee, a body which has only been in existence for a few years, and consists of the treasurer and almoners, and six other governors (two of whom are retired medical officers on the consulting staff), the dean, and the senior physician and senior surgeon. Their duty is to visit the wards.

"(5.) The medical committee, comprising the medical staff of the hospital, and meeting, as a rule, weekly. All matters connected with the school come before them, and they recommend students to the treasurer and almoners for appointment to offices in the hospital.

"22. The principal officers (apart from the medical and nursing staff) are the treasurer, the receiver, and the steward.

"23. The treasurer, who is unpaid and has a residence in the hospital, has control over all the other officers and servants, with a power of suspension for any serious delinquency, and is responsible, in the absence of the committee of almoners, for the general administration of the hospital. He appoints the sisters and nurses and those of the servants whose appointment does not rest with the grand committee. All cheques have to be signed by the treasurer and two almoners, or other governors authorised by the grand committee.

"24. The receiver's duties are to receive the rents from the tenants; to examine all accounts presented for payment; to submit them weekly to the treasurer and almoners for approval, and to draw cheques for them when passed; to submit the cash account monthly to the treasurer and almoners, by whom it is examined and signed, and to make up the complete accounts for the yearly audit. He also attends and writes the minutes of all meetings of the almoners. He is paid a fixed salary of 600 *l.*, and receives no commission on the rents. He does not reside in the hospital.

"25. The steward resides in the hospital, and has (under the treasurer) the general management of the institution, and control of the junior officers and servants; he sees that all goods are supplied in proper order, according to contract, checks the accounts, and keeps a record of the patients admitted to the hospital.

"26. There are two paid chaplains, of whom one is resident in the hospital.

"27. The hospital trains its own nurses, of whom there are 116, including probationers. The nursing establishment is maintained by the Nightingale Fund, which was subscribed for Miss Nightingale after the Crimean War, and was applied by her as a fund for training nurses, and attached to St. Thomas's Hospital. The nurses so trained are drafted into other public institutions, but it is not the object of the fund to train them for private nursing. The probationers are lodged in a separate block, called the Nightingale Home, which was provided by the hospital authorities among the new buildings. Gordon, 11728. 11790.

"28. The number of out-patients treated during the year is about 25,000.

"29. The hospital owns property in London, and also (to an extent of about 8,750 acres) in Middlesex, Berks, Cambridgeshire, Essex, Hants, Hertfordshire, Kent, Derbyshire, Yorkshire, and Wilts, with a rental for the country estates of 14,565 *l.*, and for 10836–63, 10881–936, 11131–6, 11415–32, 11465–72, 11481–4, 11491–526, 11539–40, 11544–6, 11550–79.

the London estates of 31,655 *l.*, an increase, on the whole, of about 1,600 *l.* on the gross rental of the town and country estates in 1890.

"30. The Derbyshire and Yorkshire properties are placed under a local agent, who receives a commission on the rents; but all the other estates are managed by the treasurer and almoners, with the assistance of the receiver and of a land surveyor, who is paid in proportion to the services actually performed by him. The whole expenses for the land surveyor and the agent in 1889 amount to 596 *l.* The rents (except those from Derbyshire and Yorkshire) are paid directly to the receiver, and their collection therefore involves no expense, except that proportion of the receiver's salary which may be regarded as payable in respect of this duty.

"31. At the beginning of 1891 there was one farm of 500 acres untenanted. The total number of tenants is 460 in London and 160 in the country.

"32. The revenue drawn from the estates in 1891 was stated to be 44,098 *l.*, † in which year the hospital also received 2,372 *l.* dividends on invested funds; 1,173 *l.* cash repaid in respect of expenses incurred upon unlet farms; 5,720 *l.* from patients in the hospital, and upwards of 4,000 *l.* from donations and other minor sources. The whole amount which passed through the receiver's hands during the year amounted to 67,000 *l.*, but this included a temporary loan of 4,000 *l.*, which was repaid within the year, and certain other sums (such as premiums of insurance repaid by tennants, and sums paid by insurance offices for losses by fire) appearing on both sides of the account, and also a balance of 4,337 *l.* brought forward from the previous year.

"33. A sum of 3,300 *l.* is annually applied in reduction of the outstanding capital of the loan of 100,000 *l.* already mentioned. The amount paid in 1889 for this purpose was 6,600 *l.*, and there then remained 33,000 *l.* to be paid off; the interest paid was 1,175 *l.* The loan was originally raised at 4 per cent., but the rate is now 3 per cent. The hospital has about 67,000 *l.* invested with the Charity Commissioners and the Court of Chancery at a still lower rate; but this money cannot be applied to meet liabilities.

"34. The hospital buildings are assessed at 9,600 *l.* gross, and 8,000 *l.* rateable; and the rates amounted to 2,308 *l.* The annual cost of maintenance of the buildings (including any additions and improvements which may be made from time to time) is estimated at 2,900 *l.* Repairs are executed under the superintendence of the architect, who also renders services in relation to the management of the London estates. The architect receives 250 *l.* a year and 2½ per cent. commission on repairs; his charges for 1889 amounted to 315 *l.*, of which the receiver considered that about 115 *l.* was due in respect of the hospital itself. There is also a clerk of the works whose business it is to see that the buildings are kept in good order.

"35. The net balance of income available for hospital purposes in 1889 was stated by the receiver to be 40,040 *l.*

10970–7, 11097–101, 11308–21, 11416–30, 11627–34, 11782–9.

"36. The plan of the new hospital buildings was adopted in accordance with the report of a committee of governors and medical men who made an elaborate investigation, and inspected a large number of hospitals on the Continent. Exigencies of space dictated a straight rather than a quadrangular arrangement of the pavilions, and it is stated that this has led to additional expense and to some considerable inconvenience, the distance from one end to the other being a quarter of a mile. The opinion was, however, expressed that these objections had no weight from the purely medical point of view; that the hospital, as it stands, is one of the model hospitals of the world, and that probably the best hospital now existing (in America) covers a larger space in proportion to its height and accommodation than St. Thomas's.

10868–70, 10978–80, 11131–4, 11422.

"37. The hospital is constructed to accommodate 569 in-patients, and for a short time after its completion all the wards were open; but it was soon found necessary to close no less than five of them. The causes which rendered this unfortunate course necessary are stated to have been—(1.) the agricultural depression; (2.) the burden of the building debt; and (3.) the adverse decision of the House of Lords upon a disputed question of rating, which involved a payment of 10,000 *l.* by the hospital for arrears of rates and for costs. Two of these wards have since been thrown open for paying patients under the name of St. Thomas's Home; the other three, containing accommodation for 90 patients, remain disused; and the capacity of the hospital for free patients is thus reduced to 435 beds. The existing accommodation is altogether inadequate for the cases which apply for relief, and large numbers have to be sent away. It was estimated that an additional income

11036, 11043, 11145–7, 11385.

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* The increase in London between 1880 and 1889 was 4,400 *l.*, and the decrease in the country, 2,780 *l.* Allowances were, however, made to some of the country tenants in the latter year, so that the actual rental for that year must be taken at something less than the above-mentioned 14,565 *l.* The receiver calculated the loss on the country estates during the last 10 years at between 20 and 21 per cent.

† This was the amount actually received, and was made up of 31,099 *l.* for London, and 12,999 *l.* for the country. A portion of the London property is, however, subject to a rent-charge of 906 *l.*, and there are other rent-charges amounting to 233 *l.* In order to arrive at the net revenue, allowance must be made for these charges, and deductions must also be made for expenses of management and rent collection, amounting (according to the receiver's estimate) in London to 1,665 *l.*, and in the country to 2,409 *l.* The total net revenue would thus be 38,885 *l.*

income of 6,000 *l.* or 7,000 *l.* a year would be required to open the five wards. It was suggested that this sum might by obtained by appeals to the public; a sum of 20,000 *l.* was in fact obtained in this way soon after the hospital was opened, but it was stated to have been raised with much difficulty, and to have been subscribed mainly by the governors; and the authorities do not appear to have viewed with much confidence the proposal to seek from public charity a permanent addition to their income.

"38. With regard to St. Thomas's Home, the opening of two of the disused wards under this name for paying patients was a scheme adopted, with the sanction of the Charity Commissioners, for the purpose of accelerating the process of paying off the debt. The home contains 42 beds, and produced in 1889 a sum of 5,600 *l.*, representing a net profit of 500 *l.* or 600 *l.* a year. Each patient pays a minimum of three guineas a week. In addition to this, the Charity Commissioners sanctioned the admission to the general wards of patients paying one guinea a week, but there are not many of this class, the year's receipts amounting only to 120 *l.* 10866, 11372–82, 11413.

"*Guy's.*

"39. The constitution of Guy's Hospital (St. Thomas Street, Borough), is regulated by an Act of Parliament, passed shortly after the death of the founder in 1725. The supreme authority is a body or 60 self-elected governors,* but the whole business of the hospital is practically discharged by a 'court of committees,' meeting seven times a year, and consisting of the president and treasurer and 19 governors, who are elected at a general court, and of whom seven retire every year. Their quorum is seven; their proceedings are brought up before the quarterly general courts for confirmation; but in practice this is merely a matter of form. The medical officers, the treasurer, the superintendent, the matron, and the chaplain, are, however, appointed by the governors in the general court. In the absence of the court of committees, the whole responsibility of the hospital rests upon the treasurer as the executive authority and representative of the governors; he has power, if he thinks it necessary, to summon the court at any time; but this seldom happens. He has a residence in the hospital, but is unpaid. There is a standing sub-committee for considering matters connected with the management of the estates; another meeting every month, called the 'taking-in committee,' which consists of 10 lay governors and two members of the medical staff, and which is concerned only with the nursing arrangements; and special sub-committees are from time to time appointed for the consideration of any particular questions of importance; but all these bodies are merely of a consultative character, without executive powers. Steele, 238–83, 382, 417–21, 471–88, 512–659. 2919–77. Lushington, 9759–10131.

"40. The treasurer orders everything which is required in the hospital and pays all the bills, the cheques being countersigned by the accountant; contracts are made by the treasurer, and supplies are received by the steward or his clerk, the steward being responsible for them. Once a week the treasurer holds a meeting and receives all the principal members of the administrative staff, the superintendent, the matron, the chaplain, and the foreman of works, who make their several reports to him. Formerly another governor, in addition to the treasurer, used to be present at these meetings, but this practice has fallen into disuse. The appointment of the house physicians and surgeons, the nurses, and the subordinate officials and servants rests with the treasurer, but he acts in this matter mainly through the medical committee, the matron, or the superintendent, as the case may be. Probationers are appointed and may be dismissed by the matron alone.

"41. The highest paid officer is the medical superintendent, who in this hospital holds quite an exceptional position, having under the treasurer, to whom he is directly responsible, the entire supervision of the hospital in all departments, medical, nursing, and administrative, with all necessary powers of control, including the power of suspension from duty for misconduct. He has the control of the admission of in-patients, but in practice this function is for the most part deputed to the house physicians and surgeons. He is not a member of the medical committee.

"42. The superintendent expressed in his evidence his opinion that the absence of a weekly board or committee having cognisance of all that went on was a defect in the constitution, and a source of weakness in the executive of the hospital; but the treasurer did not consider that any advantage would be gained by the institution of a weekly committee. Steel, 625–3. Lushington, 9962–3.

"43. The nursing establishment is controlled by the matron, but her arrangements, including the selection of nurses, are subject to the sanction of the medical superintendent and the treasurer. The whole staff numbers about 130, in addition to 50 nurses at the institute for private cases.

"44. The superintendent and the matron go round the wards daily.

"45. The

* One witness favoured the proposal of getting in some new blood from outside among the governors of Guy's, and he thought that the recent appeal for contributions from the public offered an opportunity for effecting this reform (Burdett, 25895–9).

515, 9805-9, 9818, 9925, 9956-61, 10111-21, 10125-31.

"45. The hospital owns an estate in Herefordshire of about 10,000 acres, another in Lincolnshire of about 13,000 acres; one in Essex of about 9,000 acres (of which 1,400 are in hand); and house property in Southwark. The revenue from these four estates used to be 41,000 *l.* a year; but their net annual value at the present time is little more that 26,000 *l.* The country estates are managed by separate agents, one receiving 350 *l.* a year, another 500 *l.* and a house, and a third (in Essex) 150 *l.* and half the net profits. The Southwark property is managed by the hospital authorities themselves; it is worth 6,000 *l.* a year. Land can only be sold with the sanction of the Charity Commissioners, and the proceeds have to be invested in the purchase of other land. The expediency of obtaining power by Act of Parliament to dispense with this obligation has been considered; but, the present time being unfavourable for the sale of land, this course has not yet been taken. In prosperous times the governors used to spend about 6,000 *l.* a year on the country estates, but that amount has been reduced by one-half.

"46. To meet this great deficiency of income resulting from the agricultural depression, the hospital authorities some years ago raised 100,000 *l.* by special appeal to the public,* and a portion of this sum is taken over from year to year to the revenue account. Minor receipts are derived from payments by lady pupils and by the patients themselves; contributions are invited by public advertisement; and legacies form an addition to the revenue. At the same time at least 100 beds are unoccupied for want of funds, the average number occupied being less than 450 (130 only for medical cases), out of a total of 600, and many applicants have in consequence to be refused admission.

Longley, 3179.

"47. The system of payment from in-patients is similar to that adopted at St. Thomas's; one ward has, with the sanction of the Charity Commissioners, been set apart for three-guinea patients; and others paying one guinea a week are admitted to the

Steele, 396-7.

general wards, though the beds (about 20) allotted to this class are said to be often in fact occupied by free patients. During the last few years a charge has also been made to out-patients for their medicine, 3 *d.* for the first supply, or 6 *d.* for a fortnight; but the charge is not strictly enforced in cases of great poverty.

10049-52.

"48. The books of the hospital are kept by an accountant, and the petty cash accounts are examined by him and brought before the treasurer about once a quarter. The whole of the accounts are audited by a chartered accountant appointed by the treasurer with the approval of the court, and are sent to the Charity Commissioners.

"London Hospital.

Currie, 1692-1823.
Roberts, 5972-86, 6040-61.
6083-99, 6187, 6218-52, 6296-305, 8412-632.
Gomm, 6957-82, 7215-25.
Nixon, 6177-411, 8822-990.
Buxton, 8633-744.

"49. The governors, of whom the London Hospital has about 4,000, hold quarterly courts, and have the ultimate control of the whole institution. They depute the management to a house committee, consisting of the treasurer and 30 governors, with a quorum of three, and an average attendance, at the weekly meetings, of about 11. The members of the medical staff form a medical council, which is summoned, when necessary, in order to deal with matters affecting their interest. There is also a college board formed of 12 members, who are taken equally from the house committee and the medical staff, and whose business it is to manage the medical school and to recommend candidates to the house committee for appointment as resident medical officers.

"50. The house governor is the resident officer responsible to the committee for the good government of the hospital in the absence of the committee, to whom he reports weekly. For that purpose he has, under the standing orders, entire control of all the officers and servants except the chaplain and secretary; he can suspend any officer or servant appointed by the house committee, and it is his duty, if ever he thinks it necessary, to summon a special meeting of the committee to consider the conduct of any officer appointed by the general court. In practice, though not in theory, the matron has come to be independent of his authority. The house committee, at its weekly meetings, examines the cash-book and the treasurer's book, receives reports from the house governor, chaplain, and matron, appoints the two house visitors (who serve for a fortnight, and make, as a rule, two or three visits during that period, reporting, if they think proper, to the committee), and it deals with any matters which have arisen during the week. It appoints, from time to time, sub-committees to inquire and report upon any questions needing special consideration. Its minutes are kept by the secretary. The chief duties of the last-named officer are to conduct the correspondence, to collect the subscriptions, to keep all the accounts, except those connected with the tradesmen's accounts and the supplies of food, which are kept in the house governor's office, to manage, in conjunction with the estate sub-committee, certain house property belonging to the hospital, and to take charge generally of the finances, and make up the annual report and balance sheet. He is not concerned with matters of discipline, nor are verbal complaints made to him, these matters being within the province of the house governor.

Gomm, 7219.
Fenwick, 7572-6.
Treves, 7735-9.

"51. There is no resident medical superintendent, and the late chairman of the house committee expressed a distinct preference for the existing plan of giving full authority, within

* This was done after the Charity Commissioners had declined to sanction a mortgage of the hospital estates (Longley, 3179-80).

within their province, to the house physicians and surgeons, subject to the control of the house committee. A member of the medical staff expressed the contrary opinion.

" 52. The contracts are made by the house committee on the advice generally of the house governor; and the supplies are taken in partly by the storekeeper and partly by the housekeeper, the latter being responsible for the meat and eggs.

" 53. The London Hospital, situated in the Whitechapel-road, has accommodation for 776 in-patients, and is the largest in the metropolis. Owing to the decrease in the number of large factories at the East-end, the hospital has, to some extent, changed its character of late years; has fewer accidents, and a greater number of medical cases. It ministers to a dense and poor population; three-quarters of a million of people are estimated to live within a mile of it, and it has to supply accommodation for the great outlying district of West Ham, in which, at the present time, there is no general hospital at all. It is therefore inevitable that there should be very considerable pressure on the available accommodation, and some complaints were put forward against the hospital for admitting more cases than it could properly accommodate. While, however, it was admitted that from time to time there was some amount of overcrowding in the wards, it was urged that under existing circumstances this could not be altogether avoided, in view of the vast number of urgent cases which present themselves for admission, and the lack of other hospital accommodation in the surrounding district. It was also stated that the total number of occupied beds had never exceeded 733; so that the hospital as a whole had never been overcrowded, though it was occasionally found necessary to place extra beds in certain wards; and experience showed that, whenever the beds occupied were within a hundred of the maximum number, pressure would begin to be felt somewhere. Patients are admitted by the assistant-physicians and surgeon from the out-patient department and by the resident staff, and it is their duty to admit only the urgent cases; but as applicants are constantly coming in, and there must be infinite gradations of urgency in their condition, a certain amount of overcrowding under the conditions of pressure which prevail at the London Hospital seems almost inevitable.

Currie, 1717.

Currie, 1713.
Mackenzie, 9135.
Corner, 24877.

Currie, 1714.
Fenwick, 7690.
Nixon, 8898–8901.
Mackenzie, 9187.
Clark, 9670.

" 53A. The number of out-patients treated annually is upwards of 100,000, besides trivial cases which are not registered.

" 54. The hospital employs a surveyor at a fixed salary, who is responsible, under the house governor, for the maintenance and repair of the hospital buildings, the yearly cost of which is said to average about 2,400 *l.* In the case of new buildings, the surveyor is sometimes employed as clerk of the works, and his payment for that is settled by the committee. The drainage arrangements have recently given trouble, and it is understood that extensive works for their improvement have been put in hand.

Nixon, 8350.

Lukes, 6644, 6920–2.
Gomm, 7168.
Fenwick, 7652–4.
Nixon, 8823, 8881–4.

" 55. The total expenditure for 1889 was about 59,000 *l.*, and the receipts showed a balance of 15,842 *l.* Legacies were 25,733 *l.*, the average being about 15,000 *l.* The hospital is stated to own real and personal property to the value of 283,000 *l.* A very large proportion of the subscriptions come from the neighbourhood of the hospital. In addition to the ordinary income from subscriptions and donations, there is a " People's Subscription Fund," which is worked through a special collector on much the same principle as the Hospital Saturday Fund. A special appeal is made to the public every five years.

Roberts, 8457–8524.
Buxton, 8654–68, 8811–3, 8820.

" 56. The petty cash accounts (amounting in the year to over 9,000 *l.*) are kept by the house governor, and submitted weekly, with the vouchers, to the house committee, and are sometimes examined and initialed by one of the members. The other accounts are kept by the secretary; the bills are paid by order of the house committee after they have been checked by the committee of accounts; this last-mentioned body being a separate committee of 12 members appointed at the quarterly courts, and meeting once in three months, and going through all the books. The cheques are signed by the treasurer and countersigned by the secretary.

Nixon, 8301–2, 8822.
Roberts, 8412–51, 8530–632.

" 57. The whole of the accounts are audited half-yearly by a chartered accountant.

" 58. The matron is head of the nursing establishment with a staff of four assistant matrons, 23 sisters, 191 nurses and probationers, and 25 private nurses. She has the care of the nurses, and of everything connected with the nursing and cleanliness of the wards, and she is required to make frequent visits to the wards. The present matron, while superintending some years ago the re-organisation of the nursing department, used to go round the wards every night. At the present time it is considered that this is unnecessary, and would be impossible, owing to the very great pressure of other work; but her visits are frequent by day, and more so by night; and very special care is taken in the selection of the sisters, who, it appears, have a greater number of beds under their charge, and altogether a more responsible position than in other hospitals.*

Roberts, 6191–8, 6245–52.
Lucken, 6320–400, 6426–32, 6802–7.
8106–8, 8149–52, 8992.
Gomm, 6983–95, 7148, 7191–6.
Nixon, 8185–95.

" 59. The matron is appointed by the house committee, and in their absence is, according to the standing orders, subject to the control of the house governor; it was, however,

* Some witnesses were, however, of opinion that the visits of a matron to the wards ought to be more frequent (Mackey, 7885–92; Fenwick, 9562).

however, stated that she was by established custom regarded as practically independent of that officer in the management of her own department; and she is directly responsible to the house committee, to whom she makes a weekly report. She has power to engage on trial, all sisters, nurses, and probationers; but as regards the sisters, their appointment is actually made by the committee on her recommendation; while as regards the others, it is merely reported to the committee. The number of applications from persons desiring to be taken as probationers amounted in 1889 to 1,600.

"60. The standing orders give to the matron a power of suspension from duty with the concurrence of the house governor, but she has no power to discharge a sister or a nurse. A recent order has, however, conferred on her a power to terminate the engagement of a probationer at any time during her two years' training, subject to an appeal to the committee. There had previously been no means of dispensing with a probationer's services, except through a formal dismissal by the committee itself, a course which could not fairly be taken except in the case of actual misbehaviour; and the object of the new rule was to relieve the hospital from the obligation to train on for two years a probationer who showed incompetency or unfitness for nursing, and to do this without placing on her an imputation of misconduct. While the matron was regarded as the person obviously by her position best qualified to form a judgment on questions of competency of fitness in nursing, the committee reserved to itself, through the right of appeal, a power to review any special circumstances arising in any particular case in which this new rule might be applied.

"61. In the course of the proceedings before the Committee certain charges were made against the nursing department of the London Hospital, and in particular against the conduct of the matron, and much evidence was heard on both sides in relation to those charges. It is not proposed to enter into details, which were in a great degree of a personal character, but the principal heads of complaint may be stated in general terms as follows:—(1.) That probationers were employed as staff nurses before being fully trained, a course which resulted in harm, and in discomfort to the patients, and was prejudicial to the good training of the other probationers; (2.) That the best probationers were withdrawn from the wards to attend private patients, while those patients were at the same time defrauded by getting partly trained instead of fully trained nurses; (3.) That the number of nurses was insufficient, and the staff in consequence was overworked; (4.) That the food supplied to the nurses was insufficient and bad; (5.) That sick children were roused and washed at 4 a.m. in mid-winter; (6.) That the arrangement by which the sisters slept in the wards was injurious to their health; (7.) That the matron's power to dispense with the services of a probationer was unjustly exercised, and that the nurses and probationers were treated with harshness and want of consideration.

Yatman, 4882, 5822–9, 5139–54, &c.
Raymond, 5162, &c.
Page, 5366–70, 5392.
Valentine, 5483–9, 5655, 5678.
5706, &c.
Mackey, 8019–38, &c.

"62. The authors of these charges were former nurses and probationers in the hospital, some of whom did not remain during the whole period of training (and of whom two at least stated grievances of their own, which were not confirmed by the evidence), and the late chaplain, who for some time before the termination of his connection in that capacity with the hospital had differences with the committee, both upon these matters and also in regard to his performance of his own duties. The charges falling under the several heads stated above were met by the evidence of the matron herself and of members of her own staff, and of the administrative and medical staff of the hospital; and the evidence does not as a whole substantiate them; while, as regards the complaints more especially affecting the matron, a large number of letters were put in, received from nurses and probationers trained in the hospital, who testified in high terms to the excellence of the nursing arrangements, and to the kind treatment which they themselves had received. A high tribute was also paid to her character and qualities by leading members of the hospital staff.

Waters, 7803-8; Appendix H.;
Rathbone, 25974, 25998.
Currie, 1818; Treves, 7790-9.

"63. As regards the employment of probationers in responsible positions in the wards and for private cases, it was pointed out that the London Hospital did not give the nurse her certificate until after two years' training, but that many probationers were capable nurses long before the end of that period.* It is said that, as a matter of fact, a probationer is in some cases, after a comparatively short training, more competent than many nurses of long experience; it is a question of individual character and capacity; and at the London Hospital, where the matron considers the careful selection of her higher staff to be the most important of her duties, probationers have in a few cases been promoted to be sisters in charge of wards. With respect to the nurses on the private nursing staff, it appeared that none of the complaints which had occasionally been made were founded on any want of skill. Testimony was borne by several medical witnesses to the excellence of the nurses sent out from this hospital, and to the excellent nursing in the wards. One member of the senior medical staff expressed his opinion that the nurses of the London Hospital were unequalled by any other body of nurses in the country; he stated that in his private practice he had employed 93 of them during the last few years, 76 being certificated,

Luckes, 6402, 6410-8, 6455-8, 6499, 6608-25, 6804-5, 6810.
Perry, 7471-4, 7486-7.
Fenwick, 7577-80.
Treves, 7730-4, 7748.
Mackenzie, 9188-93.
Clark, 9673-4.

* Under Miss Nightingale's system the period of training for a nurse is one year (Luckes, 8098, Appendix K.; p. 603). The late matron of St. Bartholomew's, on the other hand, held the opinion that every nurse required three years' training, and that no one ought to be made sister of a ward till after the full period (Fenwick, 9523–8).

certificated, and 17 probationers; and out of the whole number he had made a complaint in one case; while each one of these probationers was selected on account of her special fitness for the particular case to which she was sent, and each one gave perfect satisfaction. Objection was made that young probationers were employed as "special nurses;" but the answer was that a special nurse was always under the supervision of a senior nurse and the ward sister; that the duties of a special nurse did not necessarily require special skill or experience, but only constant attention and watchfulness; and that the individual nurse was selected with regard to the case which she was to attend. Homersham, 5710; Luckes, 6532-4.

"64. Upon the question of the sufficiency or otherwise of the nursing staff, the opinion generally expressed by the responsible authorities was that the number was adequate, and, judged by any existing standard, the proportion of nurses to patients (about 1 to 3½) was high; and this is borne out by the figures given from other hospitals. The work is admittedly hard; and the matron herself hoped that the position of nurses in general would in future be improved by shorter hours of duty, longer holidays, and better pay; but it was strongly denied that the labour required of the nurses at the London Hospital was exceptionally heavy, or that their health suffered in consequence. Luckes, 6401-7, 6757-73, 6788-92, 6854-61, 6895-8, 6901-14, 6992. Manley, 7274; Perry, 7432, 7442, 7454, 7475-9, 7504-7, 7538. Treves, 7720-2. Fenwick, 7637-9. Mackenzie, 9201-7.

"65. The evidence respecting the quality and sufficiency of the food supplied to the nurses shows that in this respect there was, some years ago, serious cause for complaint; but it is manifest that great efforts have been made to cure this defect, and the weight of evidence, both given by witnesses before the Committee, and appearing from letters addressed to the hospital authorities by many nurses and probationers, points to the conclusion that the food has for a considerable time past been in general both good and sufficient, and that much care is taken to keep it so. Luckes, 6391-7, 6564-89, 6686-9, 6693-7, 6719, 6744. Gomm, 6978. Perry, 7423-31, 7454-6, 7488-503. Fenwick, 7603-5. Mackenzie, 9198.

"66. The statement that children were roused in the night to be washed was contradicted; but it was said that in the children's ward many children under seven years of age, who go to sleep about six o'clock in the evening, awake very early, when they are given food, and the opportunity would then be taken to wash them, after which they go to sleep again. A complaint had been made by a patient in one of the other wards of being disturbed at five o'clock, but it appears to have been contrary to the rule and practice that this should be allowed. Luckes, 6603-5.

"67. The allegation that the rooms in which the sisters sleep are unhealthy, owing to their proximity to the wards, was denied. The matron would prefer that they should be lodged elsewhere for the sake of freedom from disturbance, but it would seem that the sisters themselves prefer to remain near their patients; this arrangement is customary in hospitals; and the evidence as regards actual injury to health was inconclusive. Luckes, 6815. Manley, 7269-70. Treves, 7602. Fenwick, 9536-7, 9578. Melhado, 12812.

"68. The complaints alleging harsh treatment of the nursing staff rested upon particular cases, and largely upon the statements of persons immediately affected. Several of these cases were gone into at very considerable length, and were answered in detail; and, without entering fully into the individual merits of these regrettable disputes, which it is hoped mark a condition of things now gone by, it may be stated in general terms that the evidence upon the whole does not substantiate these charges, or involve any general conclusion adverse to the existing disciplinary and other arrangements of the hospital as affecting the nurses. The members of the house committee have ample means to keep themselves informed how the work of the hospital is being carried on in all its departments, and ample power to intervene if anything should go seriously wrong; and your Committee are of opinion that these difficulties at the London Hospital might have been avoided if the hospital committee of that day had not allowed their authority to lapse into the hands of the permanent officials. Page, 5392, &c.; Luckes, 6450-3, 6466-7, 6475-95, 6500-5, 6555, 8121. Yatman, 5732-41, 8047-55; Luckes, 6433-42, 6935-40, 8093; Fenwick, 7620-1; Treves, 7708. Homersham, 5753, &c.; Luckes, 6506-10, 6640-3. Buksh, 7396-416; Homersham, 5804-5, 5809-17, 5871-921; Luckes, 6512-25, 6557-63, 6680-8; Manley, 7252-61, 7283-92, 7298-9. Raymond, 5927, &c.; Gomm, 7036-55, 7148; Luckes, 8106-8. Luckes, 6662-7. Brooke, 7313-34; Luckes 7336-7.

"*Middlesex.*

"69. The buildings of the hospital, in Mortimer-street, date from 1745, in which year the hospital was founded. The structure, though old, has been adapted as far as possible to modern requirements, and is stated to be fairly well suited to its purpose. It is held at a ground-rent of 15 *l.* a year. Melhado, 12510-951. Fardon, 12952-87.

"70. The number of beds is 307, but only 290 are devoted to medical and surgical cases, and that number includes 34 beds specially appropriated for cancer. The daily average of occupied beds is about 250 to 260, and the accommodation is insufficient to satisfy all applications for admission. The number of out-patients treated in a year is 38,000.

"71. A meeting of the governors is held once a quarter, at which the attendance usually numbers 15 to 30. They appoint annually a body, styled the weekly board, composed of 24 governors, of whom 10 or 12 usually attend the meetings; the quorum is three. The weekly board delegates portions of its duty to sub-committees. The "board sub-committee" examines all the books of the hospital, the weekly account books, the disbursements of all the officials, and the attendances of the medical staff. The finance of the hospital is managed by the weekly board and the treasurers, and there is a finance committee.

 "72. The

" 72. The medical staff is not represented on the weekly board, but there is a medical committee meeting once a week, whose recommendations are sent up to the board; and in special cases a sub-committee is appointed to report, comprising members both of the board and of the medical committee.

" 73. The general control of the hospital from day to day, in the absence of the board to which he is directly responsible, is entrusted to a resident officer called the secretary superintendent, who has power to suspend any officer or servant for misconduct, pending the next meeting of the board. This power, however, does not extend to the nursing establishment.

" 74. There are also a resident chaplain, and a resident medical officer, who is responsible for all admissions to the hospital, has the medical care of the nurses and servants, has authority over the house physicians in the absence of the visiting staff, and keeps a general supervision over the wards of medical matters.

" 75. Contracts are made by the weekly board, and the steward is responsible for the proper delivery of supplies. Economies to the extent of 460 *l.* a year have recently been made in the cost of provisions, chiefly due to a new mode of preparing the beef-tea.

" 76. The lady superintendent has the sole charge (under the weekly board) of the nursing department and the female servants. About 86 nurses and probationers are regularly employed; they live in a house adjoining the hospital called the nurses' home. When necessary, special nurses are taken from outside, or brought in from the nurses' institute, which is attached to the hospital, and from which trained nurses, about 20 in number, are sent out to private patients.

12547-64, 12589-95, 1276-28, 12816-20, 1283-9, 12847-56, 12863-8.

" 77. The average income of the hospital in recent years was said to be about 15,000 *l.* or 16,000 *l.* Last year was an exceptionally favourable one, the total income rising to 20,634 *l.*, made up as follows: dividends, 6,367 *l.*; annual subscriptions, 2851 *l.*; donations, 6,538 *l.*; alms-boxes in the hospital and in business establishments in the neighbourhood, 234 *l.*; Hospital Sunday Fund, 2803 *l.*; Hospital Saturday Fund, 411 *l.*; rents (from freehold and leasehold property left to the hospital at various times), 1,951 *l.*; incidental receipts (chiefly arising from the school account and from the sale of refuse), 196 *l.* The income is reckoned at this hospital exclusive of legacies, which are always carried to the capital account. It was, however, necessary until the last few years to utilise the whole of the legacies towards meeting current expenditure; but latterly they have more than sufficed not merely to make up the annual deficit of income, but also to replace the capital drawn out during the last 10 years. The average of legacies for that period is 17,224 *l.*; but the last three years alone yielded 131,000 *l.* Excluding a single large legacy received in 1890, the average is estimated at less than 10,000 *l.* This system of treating all legacies as capital causes the hospital accounts to show a permanent annual deficit of income. Last year the gross expenditure was 27,117 *l.*, of which 2,584 *l.* was " extraordinary," *i.e.*, for permanent improvements; but the legacies more than made up the difference. The average expenditure is stated to be about 23,000 *l.* a year.

" 78. At the beginning of 1891 the capital fund, which 10 years ago stood at 172,000 *l.*, and decreased annually for several years after, had risen to 252,786 *l.* This sum includes the Special Cancer Fund of 47,132 *l.* and also a sum of 25,896 *l.*, which it was resolved to set aside as a permanent Endowment Fund; the remainder of the capital can be drawn upon, but only with the sanction of the quarterly court of governors.

" 79. Constant appeals are made to the public for funds, and a collector is employed, who receives a commission of 5 per cent. on subscriptions collected through him.

" 80. The accounts are examined twice a year by a firm of chartered accountants, who who give a certificate to the weekly board. They are also examined annually by three auditors appointed by the court of governors.

Melhado, 12814-20. Gould, 13139-50.

" 81. The Cancer Fund, of which mention has been made, consists of money left for the endowment of the cancer wards, but is does not suffice for that purpose, and has to be supplemented from the general funds of the hospital; it is from time to time increased by legacies. These wards accommodate 26 women and eight men; they are an institution quite apart from the general uses of the hospital, being, in fact, an asylum to which incurable patients come to end their days. A rota is kept of candidates for admission, and they are received as vacancies occur. Cases of this disease fit for operative treatment are admitted in the ordinary way to the general wards.

2797-801.

" 82. The hospital has its own laundry.

" *Charing Cross.*

Reade, 13856-14198.

" 83. Founded originally as a dispensary in 1820, and moved in 1831 to its present situation, this institution was opened as a hospital in 1834. It contains 175 beds, of which about 10 are usually kept vacant for emergencies, and the total number of in-patients admitted in 1890 was 2,165; out patients, 21,000. The hospital is generally full, and cases have sometimes to be sent on to other hospitals, but the secretary is of opinion that the medical relief in that part of London is, on the whole, sufficient.

" 84. The

" 84. The organisation of the hospital is peculiar ; there is an annual meeting of the governors in general court, and there is a weekly board at which also every governor is entitled to be present, but between the two is the council, which consists of the vice-presidents (about 80 in number), 24 governors elected by the annual general court, the three senior physicians, the three senior surgeons, and the physician accoucheur. The council is the paramount administrative authority, appoints the higher officials, and acts independently of the annual court. The elective members hold office for three years and are re-eligible ; casual vacancies are filled by the council itself ; the usual number attending the monthly meetings is from 8 to 14 ; at the weekly board the usual attendance of governors is about six or seven, of whom one or two may be also members of the medical staff. Practically the governors attending the weekly board are, in general, members of the council as well, and are present at the meetings of that body, so that the active management of the hospital is in comparatively few hands.

" 85. The weekly board has to superintend the whole administration of the hospital, and make all necessary arrangements, subject to the sanction of the council. Weekly reports from the various departments are made to the board.

" 86. Accounts are checked weekly by the finance committee, which consists of the two treasurers (who are *ex-officio* members of all committees), and three members of the council ; it has the whole financial control, subject to the authority of the council, to which it reports every month. The yearly accounts are made up as nearly as possible in the form prescribed by the Hospital Sunday Fund. 14002-4.

" 87. The practical daily management of the hospital is in the hands of the secretary, who engages all the male servants, and has power to discharge them, though in practice it is not usual to discharge anyone finally until the matter has been reported to the weekly board. The secretary lives outside the hospital, and the highest resident officer is the chaplain ; either of them would in any serious case of emergency refer to one of the treasurers.

" 88. As regards supplies, the practice is to advertise for tenders ; the contracts are made by the finance committee, and confirmed by the weekly board ; and the stores are taken in by the housekeeper.

" 89. The resident medical staff consists of two house physicians, two house surgeons, and an obstetrical officer.

" 90. In-patients are admitted by the house physicians and surgeons, except on Tuesdays, when the weekly board meets ; on that day they are, in theory, admitted by the board itself, though practically urgent cases are taken in at once without reference to the board.

" 91. The medical committee recommend candidates to the weekly board for the regular medical appointments ; and they settle the tenders for drugs, and generally, all medical questions, subject to the council. The senior medical officers are also governers of the hospital.

" 92. The nursing establishment is under the charge of the lady superintendent ; and questions arising in this department are considered by the nursing committee. The hospital has only undertaken the training of its own nurses since 1889, having been previously supplied from St. John's House ; but this plan of divided authority was not found satisfactory. The nursing staff numbers 51, including probationers.

" 93. The ordinary income of the hospital is about 6,000 *l.* a year, which is altogether insufficient to meet the expenses. The deficit has to be made up by special appeals from time to time for donations, by the proceeds of the triennial festival dinner, and by drawing on the capital which is occasionally accumulated out of legacies. This source of income is, however, a very precarious one ; in one year the legacies amounted to 28,000 *l.*, but in 1890 they were little more than 1,000 *l.* In the present year the sum total of investments (exclusive of some special funds tied up by way of endowment) was about 2,000 *l.* ; and the secretary estimated that the hospital could not be carried on at the present scale for more than two years without either a windfall from legacies or a special appeal to the public. 13387-97, 13902-8, 14083, 14128-42, 14149-51.

" 94. The income from annual subscriptions in 1890 was 1,838 *l.* ; there was a small sum from rents of leasehold houses, and a small balance came to the general fund from the medical school. A considerable sum has recently been expended in enlarging the medical school ; but, as the school returns a revenue to the hospital, that outlay is regarded as an investment. Quennell, 14873-15163.

" *Westminster.*

" 95. This hospital was founded in 1719 ; the present buildings date from 1834, and extensive alterations have since been made, chiefly in 1877 and 1885-86. The number of beds is 205, with a daily average of about 184 occupied. The number of out-patients is about 27,000, including casualties. The provision of medical relief is considered sufficient for this district, many patients being received from the country. Quarterly and, as occasion may require, special courts are held of the governors, who number in all about 350 ; these courts are the supreme authority of the hospital, and the attendance

averages about 21 to 27 governors, more than half of whom, generally, are members of the house committee. That body consists of the president, vice-presidents, and treasurers, and 36 governors, elected by the first quarterly court in each year; and any governor may attend and speak at the meetings of the committee, but may not vote. Of the elective members one-fourth, comprising those who have least frequently attended the meetings during the year, are ineligible for re-election.

" 96. The house committee hold weekly meetings, at which the quorum is four, appoints house visitors, and receives their weekly reports, makes the necessary contracts, after public advertisement for tenders, and is generally responsible for the management of the hospital. Every fortnight the secretary's petty cash account is checked with the vouchers by the house committee, and his balance in hand made up to 50 *l.* All cheques are signed by the chairman and two members of the house committee, and countersigned by the secretary. The bank pass-book is inspected at each meeting.

" 97. Other committees are the audit and finance committee, the medical committee, the estates committee, and the school of medicine committee; they report directly to the quarterly board.

" 98. The audit and finance committee consists of five governors, with a quorum of two. They appoint a professional auditor; go through the bills every quarter, after they have been checked by the secretary and certified by the auditor; compare the secretary's and collector's report of receipts with the banker's book; made a report to each quarterly board; consider any questions of finance referred to them by the house committee; and prepare the yearly abstract of receipts and expenditure.

" 99. The secretary has a general control over the establishment, but the precise limits of his authority are not strictly defined. Both he and the chaplain are non-resident. There is no resident medical superintendent. Supplies are taken in by the steward in person.

Quennell, 14998-15024, 15056-8, 15092; Pyne 15165-305; Allchin 15403.

" 100. The nursing arrangement differs from that in other hospitals, the work of this department being undertaken by the Westminster Training School and Home for Nurses, an institution founded in memory of Lady Augusta Stanley, and having funds distinct from the hospital. The nurses are lodged in a separate building at Queen Anne's-gate, and are under a lady superintendent, who is also matron of the hospital. There is a body called the nursing joint committee, appointed partly from the home and partly from the hospital, whose duty it is to determine questions referred to it relating to nursing; but it is said that this committee has practically nothing to do. The hospital pays 1,700 *l.* a year to the home, and a fixed sum for each nurse supplied beyond the regular staff. This arrangement is found to work well. There are about 63 nurses and probationers, exclusive of 67 nurses belonging to the private nursing institute.

14924-36, 15112-3.

" 101. The expenditure of the hospital in 1890 amount to 13,331 *l.*; the income to 14,109 *l.*, made up of dividends and ground-rents, 2,706 *l.*; annual subscriptions, 1,461 *l.*; donations, 1,860 *l.*; legacies, 6,610 *l.*; Sunday Fund, 1,145 *l.*; Saturday Fund, 300 *l.*; and miscellaneous, 245 *l.* There was also a legacy of 24,000 *l.* Consols, and a sum of 1,000 *l.* given for the endowment of a bed. The invested capital amounted in 1891 to 50,806 *l.* to the credit of the general fund, which can be used to meet any deficit of income, and about 34,000 *l.* to the credit of several special endowments, including one of 17,350 *l.* for an incurable establishment, which accommodates seven women in a separate ward, and a certain number of male patients distributed in other wards. Legacies have averaged about 5,000 *l.* a year for the last 20 years, exclusive of the 24,000 *l.* above mentioned.

15129-34, 15148-52.

" *St. George's.*

Todd, 11933-12288.

" 102. This hospital was founded in 1733; it was originally an offshoot of the Westminster, and was established in what was know as Lanesborough House. The present building at Hyde Park Corner is about 60 years old. The greater part of it is leasehold, held at a peppercorn rent, but a portion is freehold.

" 103. Quarterly meetings are held of the governors, who number 1,000, but every governor is also entitled to attend the weekly board which, through its committees, manages the hospital. An average of 20 to 26 governors attends the meeting of the board, and the committees elected by it are a general purposes committee, a finance committee, and a nursing committee, all of which are under the immediate control of the board.

" 104. The general purposes committee consists of 16 governors; it considers all matters concerning repairs, alterations, or additions to the hospital, advertises for tenders, accepts contracts, and reports to the board on questions of management.

" 105. The finance committee is composed of five governors, and the treasurers and trustees, nine in all; it discusses all matters connected with the finances of the hospital, the tradesmen's accounts, the selling of stock, and the increase of salaries.

" 106. The nurses' committee comprises 12 governors elected by the board, and all the medical officers of the hospital who are governors, about 30 members in all: engages and dismisses

dismisses all nurses and probationers, superintendents generally everything connected with the nursing department, and makes a yearly report to the board. The superintendent of nurses reports to this committee, the chairman of which is frequently at the hospital, and is in constant communication with the superintendent of nurses.

" 107. Four or more governors are appointed every month whose business it is to go round the wards, to make inquiries and inspection, especially as regards the food, and to report weekly to the board.

" 108. The chief resident officials are the secretary and the resident medical officer. The secretary appoints, and can dismiss, most of the male servants ; he is responsible for the general management and good order of the hospital, and in case of necessity can readily communicate with the treasurer or one of the senior medical staff. The hospital is also constantly being visited by the treasurer and other governors.

" 109. The head of the nursing department is the superintendent of nurses, who has an establishment of between 90 and 100 nurses (including probationers), and who also engages the female servants.

" 110. The steward has to receive the supplies, and is responsible for their quality.

" 111. The expenditure for 1890 was 27,364 *l.* ordinary, and 950 *l.* extraordinary. In that year the receipts were, house rents, 1,056 *l.* ; annual subscriptions, 6,644 *l.* ; donations, 1,754 *l.*, and 1,000 *l.* stock ; legacies, 27,781 *l.* (including one of 20,000 *l.*, or, deducting the duty, 18,000 *l.* ; the average income from legacies was put at 5,000 *l.*) ; Hospital Sunday Fund, 156 *l.* ; Hospital Saturday Fund, 400 *l.* ; dividends from 441,640 *l.* of capital invested, 12,642 *l.* ; altogether upwards of 50,000 *l.*, exclusive of the 1,000 *l.* stock. 11988–12010, 12116, 12126–30 12214–45.

" 112. Of the whole amount of 441,640 *l.* invested, about 110,000 *l.* is tied up, so that only the income can be used. The hospital has been fortunate in receiving within the last few years several very large legacies (two of 100,000 *l.*) ; previously it was found necessary to sell out yearly 2,000 *l.* or 3,000 *l.* stock to meet current expenses. A collector is employed to bring in subscriptions ; he is paid by commission, but is not encouraged to canvass.

" 113. As regards accounts, the usual practice is for the treasurer to look over the secretary's accounts weekly. They are also laid on the table at board meetings, but are not then systematically examined. Comparisons as to expenditure are made, quarter by quarter, by the finance committee.

" 114. The charge for general repairs last year was 1,200 *l.* ; this seems to have been below the average.

" 115. There is a superintending architect attached to the hospital, who receives 5 per cent. on work done under his superintendence, and 2½ per cent. on minor repairs.

" 116. The sum paid for rates was 365 *l.*

" 117. The hospital contains 356 beds, 205 surgical and 151 medical. Altogether 4,466 patients were admitted last year, and the daily average was about 335. Applicants have constantly to be sent away for want of room, and, especially during the winter, there is often great pressure for admission to the wards. 11976, 11978–80.

" *University College.*

" 118. The hospital, now standing in Gower-street, was opened in 1833, having grown out of the University Dispensary, which was started in Gower-place in 1828. It contains 207 beds, of which 181 on the average are occupied, and though it is situated near other hospitals, the secretary was of opinion that 100 more beds could easily be filled. It is admitted to be structurally inconvenient, and its rebuilding is contemplated ; but its sanitary condition is said to be good. Nearly 40,000 out-patients have been treated in a year. Nixon, 15452–821.

" 119. The hospital was founded for the medical school of University College, and is under the ultimate control of the council of the College. But the executive authority is the hospital committee, consisting of 14 members elected at the annual meeting of governors and subscribers, seven nominees of the council of the College, and three delegates from the medical committee. The hospital committee appoints a house and finance committee, and a Samaritan fund committee ; its meetings are held fortnightly ; it deals with recommendations from the other committees, receives the visiting governor's report, and a general report from the secretary of proceedings in the hospital during the past fortnight, and considers any decisions of the council of the College.

" 120. The house and finance committee has to audit all the accounts fortnightly, recommends the necessary payments to be made, inspects the store and other accounts, and has control of the nursing arrangements and the servants.

" 121. The minutes of the hospital committee are laid before the council of the College, which has power to intervene, and its seems that there is also a power of intervention in

the general meeting of subscribers, but practically it has has not been exercised; nor has any difficulty arisen in the relations between the hospital and the college.

"122. The secretary is charged with the general superintendence of the structure and management of the hospital, and the control of the officers and servants, except the nursing staff. In case of emergency he would appeal to the treasurer, or (in a medical matter) to the Dean of Faculty of Medicine. He is not, however, allowed to interfere with matters placed under the control of the resident medical officer. The last mentioned is the highest official who actually resides in the hospital; he controls the admission of in-patients, except those who are taken in through the out-patient department.

Nixon, 15610, 15848, 16143; Cecilia, 15824–44 15847–919; Barlow 15949–50; Allison, 16686–724; Vol II., p. 326.

"123. The hospital is nursed by the Sisterhood of All Saints, Margaret-street, in consideration of a fixed payment, an arrangement which is said to work efficiently, notwithstanding the division of authority. The sister superior, who fills the post of matron, is summoned before the house and finance committee once a month to make her report, and give any information required about her department. She engages the nurses, and has the staff of about 75 for the hospital, lodged in a neighbouring building, and separate from the religious Sisterhood. Formerly Nonconformists were not admitted to the paid nursing staff, but from 1889 this restriction has been abandoned.

15525–47, 15758.

"124. Constant appeals are made to the public for contributions. The total income in 1890 was 19,334 *l.*, slightly less than the expenditure. Annual subscriptions yielded 2,000 *l.*; dividends, 2,944 *l.*; legacies, 1,973 *l.*; students' fees (*i.e.* one-third of the clinical fees, the other two-thirds going to the medical officers), 596 *l.*; people's contribution fund, 500 *l.*; donations, 7,853 *l.* (including 1,250 *l.* from Sunday Fund, and 232 *l.* from the Saturday Fund, and the proceeds of the yearly dinner). The 10 years' average of legacies was 4,300 *l.* a year, including an exceptionally large one of 11,000 *l.* The hospital has 62,515 *l.* permanent endowment, 13,488 *l.* invested for general purposes, and 36,048 *l.* to the credit of the Samaritan fund. This fund differs from the corresponding fund in other hospitals, in having this considerable endowment, and in being managed by a special committee. It assists in maintaining the "invalid's dinner table," an institution peculiar to this hospital, and regarded with some disapproval by the secretary of the Charity Organisation Society; it is a sort of soup kitchen, to which a limited number of persons are sent from the out-patient department.

Loch, 26118.

"*King's College.*

Waee, 18633–831. Bousfield, 1261.

"125. This hospital, situated in Portugal-street, Lincoln's Inn Fields, was founded in 1839 for the instruction of the students at the College; and its present constitution is laid down by an Act of Parliament passed in 1851. It is managed by a committee of 24 governors elected at the annual court; the principal of King's College and the treasurer are official members, and some members of the medical staff are always placed on the committee. The medical committee, which includes the whole staff, some 25 in number, does not in general take any active part in the administration. The detailed work is performed by a variety of committees, which report to the committee of management. These are the finance committee, the nursing committee, the works committee; a committee for raising funds; the dispensary committee, and the Samaritan fund committee. The finance committee meets once a month, when the several accounts are examined and initialed; this work was formerly done every fortnight, but that course was found inconvenient owing to many of the payments being made monthly. The trade contracts are made by the finance committee after advertisements for tenders; and supplies are taken in by the steward.

"126. House visitors are appointed from time to time by the committee of management.

"127. The secretary, who at the present time fills also the offices of chaplain and warden, but does not reside in the hospital, is the head officer; appoints the servants, and has supreme authority over all the resident staff in the absence of the committee, to which he is responsible. There is no resident medical superintendent, and the chairman of the managing committee was of opinion that much opposition would be offered to such an appointment; but it was explained that the house physicians and surgeons are directly responsible to the committee.

"128. The nursing was undertaken, until six years ago, by the St. John's House; but the arrangement was not altogether satisfactory, and the hospital now trains its own nurses, of whom there are about 80 in all, exclusive of the private nursing staff. The matron engages the nurses, but with respect to the sisters and the special probationers, their names are submitted to the nursing committee for recommendation to the committee of management.

18640–65.

"129. The accounts of last year showed a deficit approaching 6,000 *l.*, the expenditure being 17,126 *l.*, and the ordinary receipts 11,288 *l.*, to which annual subscriptions contributed 2,292 *l.*, donations 5,150 *l.*, and Sunday Fund 1,406 *l.* The legacies are carried to a special account, and they and the invested capital can only be spent by permission of the council of King's College. Last year's legacies came to 2,464 *l.*; they have

have averaged since the foundation of the hospital 3,060 *l.* a year, and for the last 10 years 4,020 *l.* The annual deficit, averaging for the ten years about 4,000 *l.*, is made up from this source, and, when necessary, by the sale of investments. These amounted in the present year to less than 20,000 *l.*, of which the Reardon Samaritan trusts funds absorbed 7,800 *l.*; and 10,500 *l.* was invested in land of increased prospective value, but at present unproductive. Constant appeals are made to the public, and the annual festival dinner produces a considerable sum. A few years ago it was found necessary to close two wards for lack of funds, but it has fortunately been found possible to re-open them. The full capacity of the hospital is 220 beds (90 surgical, 90 medical, and the rest special); the working average is over 200 occupied, and it is impossible to satisfy all applications for admission. The out-patients number about 20,000.

"*St. Mary's.*

"130. The control of this hospital (in Cambridge Place, Paddington), which dates from 1845, is vested in quarterly and weekly boards of governors, both of which are open boards, which every governor is entitled to attend. There are also two standing committees, called the house and finance committee and the medical committee. Ryan, 14371-500, 14516-676 14681-93. Bird, 14703-40.

"131. The work of the quarterly board is to read the minutes of the weekly board for the three months, and to confirm them or otherwise. The weekly board receives and considers a fortnightly report from the house and finance committee, a monthly report from the medical committee, a monthly report from the house visitors (two governors appointed monthly by the board to visit the wards), and reports from the chaplain, the matron, and the resident medical officers. The board further examines the medical officers' attendance book, the medical and surgical admission books, the 'two months' book' (in which every patient who has been more than two months in the hospital is reported upon), and the weekly return of out-patients; and the chairman signs a warrant authorising the payment of accounts passed by the house and finance committee.

"132. The house and finance committee practically manages the hospital as the executive authority. It receives reports from the secretary, matron, steward, and house visitors, examines the steward's detailed account of the receipt and expenditure of stores, and audits the whole of the accounts month by month, checking all the various books and balancing each of the several heads of account. The members of this committee usually attend also both the weekly and the quarterly board, so that here, as in many other cases, the whole management practically devolves in general on a small number of individuals. On the other hand, the chairman of the committee expressed an opinion unfavourable to government by an open board, on the ground that it brought about a want of continuity in the work, and that there was always the danger of a packed meeting, or at least of those who had given their attention to the management of the hospital being out-voted by persons who rarely attended, and had no practical knowledge of the work of administration. Both he and a member of the medical staff bore witness that actual inconvenience had from time to time arisen from this cause, but there does not seem to be evidence of any such friction having been felt in other hospitals in which the whole body of governors have an ultimate power of control. Bird, 14717-37. Morris, 14889-43

"133. The medical committee meets monthly, receives reports from the medical superintendent, and from the dispensary visitors (two governors appointed every month by this committee to visit and supervise the dispensary), and examines the 'six months' book' (a record of out-patients who have been six months or more under treatment), the septic book, the post-mortem book, the temperature books, and books registering particulars of the cases in the wards.

"134. An annual meeting is held at which subscribers as well as governors may be present; and the press are admitted to this, and also (if they choose to come) to the quarterly meetings.

"135. In the absence of the weekly board and house committee, the head of the establishment is the secretary, who has power of dismissal over the subordinate servants, reporting in every case to the weekly board. The secretary does not reside in the hospital, and at night the medical superintendent is acting head of the establishment. The particular duty of this officer is to superintend the resident medical officers, the clerks and dressers, and he exercises a general supervision in medical and sanitary matters. He regulates the admission of those in-patients who hold letters of recommendation (urgent cases being admitted, without letter, by the house physician or house surgeon on duty).

"136. The hospital chaplain is non-resident.

"137. The head of the nursing staff, numbering about 60, is the matron, who is responsible to the house and finance committee and to the weekly board; if additional assistance is required in this department it is obtained from the institute of nurses belonging to the Brompton Consumption Hospital.

 "138. The

14386-7, 14485. "138. The hospital contains 281 beds, of which about 255 are usually occupied; and there is said to be very considerable pressure on the accommodation,* the hospital serving the whole district west of the Edgware-road and north of Hyde Park. Its enlargement is in contemplation, and land is already being acquired with that object.

14473-88, 14583-91. "139. The total expenditure for 1890 was 23,608 *l.* The income was 22,544 *l.*; comprising annual subscriptions, 5,227 *l.*; donations, 3,177 *l.*; dividends and rents, 2,521 *l.*, legacies, 8,276 *l.* (slightly above the average of 10 years from this source); Sunday Fund, 2,083 *l.*; Saturday Fund, 368 *l.*; payments by probationers, 412 *l.*, and minor items. The balance had to be made up from capital. The hospital now holds investments to the extent of about 72,000 *l.*, the whole of which could, if necessary, be sold out.

"140. The Samaritan Fund (which at this hospital is called the Convalescent Fund) is administered by the secretary, under the control of a committee.

"*Royal Free.*

Theis, 16149-450. "141. The government is entrusted to a court of governors, meeting annually, a committee of management, consisting of 30 governors elected at the yearly court, and a weekly board of 12 members of the committee. The weekly board manages all the general business of the hospital, but any matter of importance is referred to the committee, which meets quarterly, and can be specially summoned at other times by the board. A printed report of the board's proceedings, a statement of accounts, and other returns, are sent to every member of the committee before each quarterly meeting.

"142. The weekly board is assisted by a finance committee selected from among its own members, and meeting every week before the board meeting. The finance committee, or some members of it, examine the weekly expenses and the payments made during the preceding week, examine and initial weekly the various books containing accounts of money and stores, and make a similar examination into the quarterly accounts before they are paid.

"143. The secretary is the representative of the committee and of the board in the general administration, and has supreme power in their absence and subject to his responsibility to them.

"144. The nursing staff consists of a lady superintendent and 40 nurses and probationers, who are trained in the hospital. The lady superintendent has a power of suspension, but not of dismissal.

"145. There is a non-resident chaplain, and a senior resident medical officer.

16226-8, 16246. "146. A portion of the existing hospital buildings was occupied prior to 1842 as a cavalry barrack. In that year the hospital, which had been founded in 1828, was removed from Hatton Garden to the present site in Gray's Inn-road; but the receipt of large legacies has enabled the committee to pull down and replace the greater part of the barrack buildings, and it was intended to issue a special appeal during the past year for funds to complete the work of re-construction, and also revise the whole system of drainage, which is on an unsatisfactory footing, though the drains are regularly tested by the architect, and no actual mischief has arisen. The number of beds is 160, with an average of 135 occupied; and there is considerable pressure on the available accommodation. The out-paties in 1890 numbered 17,263, besides nearly 11,000 casualty cases. In the years 1832, 1849, and 1854, this hospital was given up to cholera patients, and received 700, 3,000, and 6,000 cases in those years respectively.

16181.

16173-6

16177-8, 16214-25 16336, 16408. "147. The income for 1890 was: annual subscriptions, 1,013 *l.*; donations (including alms-boxes in the hospital), 2,255 *l.*; dividends, 934 *l.*; nurses' training school, 625 *l.*; sundry receipts, 22 *l.*; legacies, 6,855; total, 12,904 *l.* The average income for 10 years was 12,398 *l.*, including 7,370 *l.* from legacies. The expenditure last year was 10,671 *l.* Convertible investments were held to the value of about 19,000 *l.*, and special endowments, 6,213 *l.* It has not been the custom to make constant appeals for subscriptions in aid of income.

"148. The special feature of this hospital is the admission for clinical training of the female medical students attached to the London School of Medicine for Women.†

"*Metropolitan.*

Byers, 16725—16919; Goodsall, 16920—17007. "149. This institution was first founded as a dispensary in 1836; and some beds were afterwards added. Forced by the extension of the Metropolitan Railway to quit its quarters in Devonshire-square, Bishopsgate, it migrated in 1886 to its present situation in Kingsland-road, N.E., about two miles from the London Hospital, and the same distance

* There may be great pressure on some of the special wards, at the same time that there are vacant beds in other parts of the hospital. The existence, therefore, of unoccupied beds does not prove that the hospital is able to cope fully with the demands on its accommodation.

† *See* page clxxvi.

distance from St. Bartholomew's. The buildings are new, and are claimed to be constructed on the best sanitary plans. In 1887, on the adoption of the provident system in the out-patient department, the title of 'Metropolitan Free Hospital' was dropped, and that of 'Metropolitan Hospital' was substituted.

"150. The hospital is governed by a general committee of management, meeting monthly, and comprising from 12 to 24 governors, elected at the annual meeting, besides the president, treasurer, trustees, and four members of the medical staff. From this body is elected a house committee of nine members (including one physician and one surgeon) who met once a week; and the house committee in turn appoints three of its members to form the finance committee, which meets and examines the books once a quarter (after they have been audited and certified correct by a chartered accountant), and reports to the next meeting of the general or house committee. All the accounts are paid quarterly, and the cheques are signed by two members of the finance committee. The books are always produced to the house and general committees, but are only systematically examined by the finance committee and the auditor.

"151. In the absence of the weekly committee, the secretary (non-resident) is head of the whole establishment, except the medical and nursing staff. Supplies are taken in by the housekeeper who is responsible to the sister in charge of the nursing staff. Contracts are made by the house committee.

"152. The nursing is undertaken by a Sisterhood on the same plan as that at University College Hospital; 16 nurses are paid for under the contract, but the actual number was stated to be 32, additional ones being brought in by the Sisterhood for training. 16841-63.

"153. The hospital can accommodate 160 patients; but only half that number of beds have as yet been brought into use; many applicants have to be sent away; and the accommodation is said to be very insufficient for the district. 16978-9.

"154. The total expenditure in 1890 was 7,500 *l.* The income from provident patients amounted to 670 *l.*; donations, 2,400 *l.*; subscriptions, 565 *l.*; dividends, 240 *l.*; legacies, 2,100 *l.*; Sunday Fund, 312 *l.*; Saturday Fund, 87 *l.*; and there was a deficit of more than 1,000 *l.* 16760, 16764, 16892-9014.

"155. The provident system, as worked in the out-patient department of this hospital for persons living within a radius of a mile from the hospital, was explained by the secretary and a member of the medical staff. The subscription for an adult is fixed at 1 *d.* a week or 4 *d.* a month; entrance-fee (except for members of benefit societies), 6 *d.* The wage limit is 21 *s.* a week (35 *s.* for a family). The system includes home attendance at a fee of 6 *d.* by day, 1 *s.* in the evening, and 2 *s.* by night; midwifery cases, 15 *s.* Byers, 16734-61, 16768-98, 16902-4; Goodsall, 16927-41, 16962, 16959-61, 16985, 16992-5, 17002; Bousfield, 1467; Currie, 1844-1944.

"156. Admission to the out-patient department is not exclusively confined to the provident subscribers. Anyone may be treated for the first time free, and the doctor may authorise a free patient to come again. The statement for 1890 shows 14,000 new free cases with 23,000 attendances; the attendances of subscribers were 43,000. Four medical men are specially allotted to the provident members, of whom there were estimated to be about 7,000,—a disappointing number. The plan has recently been adopted of collecting the members' subscription from them at their homes.

"157. The objections raised by the general practitioners to this department of the Metropolitan Hospital are mentioned under the heading of out-patients.

"*West London.*

"158. This institution in the Hammersmith-road was founded in 1856 as a dispensary for Fulham and Hammersmith. In-patients began to be taken in 1860, and at the present time there are 101 beds, with an average of 94 occupied. Applications for admission have frequently to be refused for want of space. The out-patients average 21,000 in the year. Gilbert, 20335-566.

"159. The hospital is governed by a committee of management of 50 to 60 members meeting monthly, and receiving reports from its subordinate committees, the house and finance committees, and from the medical council. The house committee is the executive body, and consists of eight members with a quorum of three.

"160. The secretary is responsible for the management in the absence of the committee, and his control extends to the nursing establishment. Contracts are made by the committee, tenders being submitted by invitation; and the food is taken in by the housekeeper.

"161. The books and accounts are checked by the finance committee; bills are paid, as a general rule, quarterly, and a professional auditor is employed.

"162. The financial position is shown in two accounts; the estate account, which for 1890 was said to give an income of 3,176 *l.* against an expenditure of 2,175 *l.*, and the maintenance and management account, with an income of 4,971 *l.*, made up of annual subscriptions, 2,411 *l.*; donations, 994 *l.*; almsboxes, 314 *l.*; Sunday Fund, 572 *l.*; Saturday 20390.

day Fund, 175 *l.*; friendly societies' demonstrations, 242 *l.*; and church and chapel collections, entertainments, and miscellaneous sources. The expenditure on this account was 6,084 *l*; and the deficit was made up by borrowing.

"163. The annual average from legacies since the foundation of the hospital has been only 730 *l.* The amount of money invested appears to be about 3,000 *l.*, and the hospital has house and garden property in the neighbourhood.

"164. The nursing staff consists of a lady superintendent and 26 nurses, trained in the hospital. There is no nursing committee.

"Admission of Patients.

Letters of Admission.

Guy's.—Steele, 427.
London.—Currie, 1707–9, 1788–93, 3017, 3020, 3076–7.
St. Bartholomew's.—Clarke, 2004–5; Waterlow, 2529.
St. Thomas's.—Brass, 10864–5.
St. George's.—Todd, 11941, 11949.
Charing Cross.—Reade, 13859–61.
St. Mary's.—Ryan, 14377–9; Morris, 14813.
Westminster.—Quennell, 14879–80; Allchin, 15386.
University College.—Nixon, 18454–6, 19669.
King's College.—Wace, 19716–9; Curnow, 18935–6.
West London.—Alderson, 16637–9; Taylor, 17810, 17833–4, 17843–8; Gilbert, 20345–8.
Royal Free.—Theis, 16158.
Metropolitan.—Byers, 16749.

"165. At most hospitals, though not all, the governors and subscribers have the right to give to deserving cases letters for admission as in-patients or for treatment in the out-patient department. According to the evidence received from a good many of the hospitals, however, the usual practice at the general hospitals appears to be to give a very slight preference to cases bringing letters over those (and they are the vast majority) who come without them. An out-patient letter will sometimes open the way direct from the street to the out-patient department when a person not so provided must first pass through the casualty room and take his chance of being passed on or treated summarily there. But any person whose illness is sufficiently serious appears to be considered equally in either case a proper subject for treatment. So, in regard to admission to the wards, the only privilege attaching to a letter seems to be that, where two cases are of equal gravity, the preference will be given to the recommended case; but disease, it is said, and not the recommendation of a subscriber, is the real passport of admission; and with the officer whose duty it is to admit to the hospital (usually the house physician or surgeon) rests practically the selection of the applicants to be taken in.

Mackenzie, 2134.
Michelli, 16094.
Dobbin, 17357–62, 17453, 17465; Fowler, 17724–5, 17760–7.

Abuse of Letters.

Todd, 11955–8; Bousfield, 1347, 1401–6.

"166. It is generally understood that letters are intended to be given only to the poor who are unable to pay the expenses of private treatment; but it is said that they are not always distributed with a strict regard to this principle. Some discussion took place with regard to the use of hospitals by the subscribers for the treatment of their domestic servants, and some witnesses held this to be in strictness a misuse of the hospital accommodation, though it was admitted that the funds of the hospital might derive benefit from the practice. The argument was, that beds used in this way were withdrawn from the very poor, for whom they were intended, and that contributions given by way of charity did not entitle the giver to any services in return. The abolition of letters was advocated; it was shown, however, that subscriptions were made to hospitals by friendly societies, provident institutions, and business establishments, and notably by the Hospital Saturday Fund, with an express view to obtaining in return and making full use of letters of admission; and there seems no doubt that some hospitals derive a substantial part of their funds through the system of supplying these letters to subscribers. The use of out-patient letters in some form was advocated by some of those witnesses who desired to restrict the operation of the out-patient department, but their proposal involved a strict obligation to see that the letters were given to none but suitable cases.

Browne, 3779–82; Bennett, 4280–304–6, 4312–20; Brown, 25617.

Montefiore, 1517.
Taylor, 17849.

Migratory Habits of Poor.

"167. Evidence was given of the tendency of the poor to go about from one hospital to another, as well as the habit (mentioned later in connection with the question of the unequal distribution of hospitals) of going to a distance rather than seeking relief near their homes. Many patients come up from the country.

3040, 2108, 3181, 2619, 24849–51.
2799, 2809–13, 11252–3.

"In-patients.

Taking-in.

"168. In-patients are usually taken in by the house physicians and surgeons or (where there is such an officer) by the resident medical superintendent. It was suggested, and your Committee think not altogether without reason, that there was a danger of beds being kept vacant for the reception of 'interesting' cases, but the evidence from the hospitals did not admit that cases of urgency were rejected with that object.

Steele, 296–305, 311; Waterlow, 2521, 2542–4; Walker, 11025–8; Melhado, 12874–82; Reade, 13934–8; Ryan, 14455–7; Quennell, 14937–9, 14945–6; Nixon, 15550–6; Theis, 16193–8; Byers, 16830; Michelli, 18093–5.

Mackenzie, 9091, 9098–9, 9115–29.

"169. One method is for the house physicians and surgeons to take in by turns, each one having a ward or number of wards to which he admits; so that, during his turn for taking in, patients are as a rule admitted to the other wards, unless the pressure for admission makes it necessary to do so.

Steele, 458–9; Bennett, 4283–4; Bridges, 23331–6.

"170. It is not the practice of the hospitals to receive either hopeless cases (unless the symptoms are particularly urgent) nor chronic cases.

Discharge.

"171. Patients are discharged as soon as they are fit to be moved, or when it is considered that they have received all the relief which the hospital can give, often long before they are fully cured.

Steele, 326, 141; Waterlow, 2530.

Number of Beds.

"172. The total number of beds in the general and special hospitals in London combined is stated to be 8,500, of which 6,500 are continuously employed (8,094 beds, of which

Steele, 2927.
Burdett, 25363.
Bridges, 23171.

which 6,143 are constantly occupied, according to another witness); in the poor-law infirmaries and sick wards of workhouses 14,000 beds with 12,000 in continuous employment (12,445 beds in the infirmaries alone); and the Metropolitan Asylums Board has 3,505 beds for infectious cases, the average number occupied being 707 in the year 1888.

Infectious Cases.

"173. Infectious cases (except measles) are not ordinarily admitted to the general hospitals. Your Committee note that influenza had not then attracted the attention which has lately been given to it. Where a patient is found to have an infectious disease he is at once removed in an ambulance to a fever or small-pox hospital unless the case is too serious for removal, in which case he is isolated as far as possible. Typhoid is taken in. Some hospitals admit ordinary cases of diphtheria, while others reject this disease except in cases of urgency; some isolate it in a separate ward, others do not.

Waterlow, 2569; Walker, 11032; Todd, 12169–73; Melhado, 12533–41; Reade, 14174–6; Ryan, 14453–4; Quennell, 14947–50; Nixon, 15559–63; Theis, 16172; Michelli, 17905–6. 18203–6; Lucas, 20234–5; Gilbert, 20260.

"174. King's College Hospital admits a maximum of 10 cases of scarlet fever at a time; they are not isolated, but are distributed among the wards.

Wace, 18790–3; Monk, 18909–12; Curnow, 18995–19001.

Lock Cases.

"175. In regard to Lock cases the practice varies; some hospitals do not profess to admit them; others do not favour them, and take in only a small number. Altogether, there seems to be a prevalent tendency at the general hospitals to reject these cases; there are objections to their admission to the general wards, and there is not always a separate Lock ward.

2697, 2856–915, 2969–82, 9054–5, 9688, 10089–98, 11093–6, 11298–307, 12266–8, 12747–8, 14177–8, 14635–8, 15085, 15564, 15970–3, 16104, 16301, 16865, 17135, 18039–40, 18049–51, 18281, 24034–8, 1385, 10087, 16101.

"Out-patients.

Great Number of Out-patients.

"176. The immense increase in the importance of the out-patient departments of hospitals, and the vast numbers of persons who are now treated in them, give great prominence to this branch of the subject. Taking a few of the large general hospitals, we find that at the London, more than 100,000 out-patients are treated in the year (243,000 attendances); at St. Thomas's, 25,000; at the Middlesex, 38,000; at Charing Cross, 21,000; at University College, nearly 40,000; at King's College, 20,000; all these being separate cases, each of which comes, on the average, three times for treatment, and being, moreover, exclusive of many trivial cases which are not recorded, and also exclusive of lying-in cases which are treated outside the hospital. The number of out-patients treated during the year at the 11 hospitals, with schools, was estimated by one witness at over half a million. Extremely opposite opinions are held as to the usefulness of these departments, and as to the mode in which they are conducted.

Burdett, 25807. Holmes, 671–2; Kay, 4514–5.

Nixon, 8863.

Hardy, 971.

Objection to Out-patient Departments.

"177. On the one hand it is urged,—

"(1.) That the number of persons who come for treatment is so great that they cannot be properly attended, and that in consequence,

"(2.) The patients are often wrongly treated, and

"(3.) Are in many cases treated by unqualified students.

"(4.) That the hospitals encourage large numbers to come, in order to raise funds from the public by showing a large total of cases treated.

"(5.) That the hurried treatment has a bad effect on students.

"(6.) That the evils of crowding and hurry are aggravated by the treatment of trivial cases which ought never to come to a hospital.

"(7.) That no sufficient discrimination is used in the admission of out-patients, whereby,—

"(8.) Persons are treated free, who ought to pay, and

"(9.) The poor are pauperised and rendered improvident, and

"(10.) Provident dispensaries are stifled, and

"(11.) The general practitioner is both deprived of his patients, and

"(12.) Is driven to reduce his fees.

"178. Those, on the other hand, who uphold the efficiency and the usefulness of the out-patient department, maintain that these objections are either exaggerated or totally unfounded; that it is of great value to the private practitioner in two ways, by affording him a ready means of obtaining a consultative opinion in a difficult case, and also by enabling him to dispose of a patient who cannot pay his fees; and that, in the interests of medical education, it is absolutely indispensable.

"179. Some would abolish the out-patient department altogether, and these cite the Edinburgh hospitals, which have none; some would reform it, and there are several ways in which they propose to effect the reform; and some are content to let it go on as it is.

"180. The views of opponents and critics, together with the evidence on the other side, may conveniently be considered under the several heads already enumerated.

(1.) *Overcrowding and hurried Treatment.*—That the number of persons who come for treatment to the out-patients' rooms of some of the hospitals from time to time brings a strain on the powers of the staff to deal with them is an undoubted fact. Not only was it stated and repeated by witnesses who were avowedly hostile to the system, but it

Montefiore, 51.

Clarke, 2049-50, 2053; Mackenzie, 2176-8, 2191; Cross, 10398; Fardon, 12987; Fowler, 17728-9, 17755-7; Taylor, 17780; Armitage. 19535; Gilbert, 20375; Moore, 10621; Barker, 16106.

was admitted by several officers on the staff of the hospitals themselves. It seems, however, from the evidence of the latter class of witnesses, that this evil has of late been greatly mitigated by the cheeks (to be described later) which several of the hospitals have adopted upon the indiseriminate admission of out-patients. It was further asserted by many gentlemen in private practice, some of whom had formerly had hospital experience, that the overerowding was such that it was impossible to give proper attention to the eases, and it was said that a single doetor would dispose of 60 cases or more in an hour. The charge of hurried treatment seems to have been brought against the hospitals generally, but to have been especially directed against St. Bartholomew's and the London. On the other side it was alleged that this statement did not fairly represent facts; but to arrive at any conclusion on the point, it is neeessary, first, to see how the out patient department of a great hospital is worked. The plan adopted is not always the same, but in the larger hospitals the people are generally received, in the first instanee, between certain hours in the easualty room where they are seen by the assistant or house physieian or surgeon (who is assisted in some hospitals by one or more of the advanced students). Many of these eases are of a trivial charaeter, and are disposed of at once. The more serious ones are not treated in this way as 'casualties,' but are passed on, with a ticket or letter, to the out-patient department proper, where they are seen by the assistant physicians and surgeons. It is thus possible to pass a large number of patients through the easualty room in a comparatively short time, but the work there is to a great extent, merely that of sorting and sending on, while of the slight cases, whieh are at once treated, may require only (it may be) a diarrhœa mixture, or a dressing which is applied under the house surgeon's direction by one of the student 'dressers.' In some hospitals (*e.g.*, St. Bartholomew's) the patients are first reeeived by members of the junior assistant staff, whose duty is solely to divide them into 'casualties' and 'out-patients,' and to forward them to the proper department for treatment, the easualties being sent to the house physieians and surgeons. This sifting process ean, of course, be done very rapidly. At the Charing Cross and Westminster, and some other hospitals, patients are, during half-an-hour in the day (or other limited period) admitted direet to the out-patient department.

Montefiore, 52; Hardy, 790, 804, 843, 854-5, 860; Bousfield, 1255, 1374; Corbyn, 3626, 3671; Dowse, 19693; Tait, 22300; Brown, 25532.

Steele, 450–1, 581–91; Bousfield, 1239–46, 1258, 1320–6, 1329, 1392–5; Clarke, 1948–54, 1965–74; Walker, 10960; Waterlow, 2437–40, 2463–72; Ord, 11228; Starkey, 11887; Fardon, 12989–90; Willcocks, 14293–4; Morris, 14809–11; Barlow, 15924–30; Theis, 16363–8.

" As incidental to the evil of overcrowding, complaints were made that patients were sometimes kept for many hours waiting before they could be attended to, but it is not easy to see how this eould be avoided, and it may to some extent have the good effeet of keeping away people able to pay their own doctor.

Clarke, 1964–8; Owen, 12435–6.

" As regards the numbers aetually treated by a single doctor in the out-patient department, the evidenee from the hospitals themselves does not agree with these allegations of extreme haste in treatment. At Guy's, for instance, we are told that on an exceptionally busy day some 480 cases will be treated, but this number includes the casualty cases, whieh are dealt with by the resident staff; for the out-patients proper there are four doetors who are in attendanee for about four hours, and of the cases treated by each of them, only about 20 are new eases. It was denied that at St. Bartholomew's, anything like 60 eases were disposed of in an hour by one man. At that hospital, during six days in May 2,356 medical cases were admitted to the easualty department, or 390 per day; they were attended to by seven doctors, and deducting the more serious cases, which were drafted off to the out-patient department, it was estimated that three or four minutes were given on the average to each of the remainder. During 10 days, the total number of out-patients proper at St. Bartholomew's, was 769 medical (of whom 190 were new), and 449 surgical (of whom 159 new). From the London Hospital a detailed analysis was given of the work in the out-patient department during a week in May 1890, from which it appears that new and specially reserved cases were seen on the medieal side at the rate of 13 per hour; old cases 33 per hour; on the surgieal side, new and reserved eases, seven per hour; old cases (many of them very trifling) 43 per hour. Sir Andrew Clark, speaking of his own experience at the 'London,' said that new eases would have 10 minutes or more; but, considering that the vast majority of eases were trivial, and had only to be told to continue the treatment already preseribed, it was possible, by being methodical, to dispose of a very large number in the course of an afternoon. Evidenee denying that the out-patients were treated with undue haste was also received from St. George's, the Middlesex (where 100 new eases come in daily), and other hospitals, and similar testimony was given by a general praetitioner.

Steele, 505–11, 2928.

Reade, 14159–60; Willcocks, 14289–94; Allchin, 15386; Barlow, 15937.

Clarke, 1969–72, 2051–3, 2058–62; Moore, 10621–6; Waterlow, 3442–3.

Nixon, 8850.

Clark, 9664–5.

Holmes, 684; Owen, 12943–9; Fardon, 13017–28; Gould, 13120–4; Willcocks, 14302–3, 14312; Morris, 14820; Parker, 16016–9; Curnow, 19061; Kay, 4503.

"(2.) *Mistreatment* and (3) *Treatment by Students.*—Instanees were given by several general praetitioners of the alleged wrong treatment of out-patients in hospitals, both through actual mistakes being made, and through trivial cases (*e.g.* ulcers) being so carelessly attended to that they grew into serious ones. The mischief was mainly attributed to the want of a proper supervision over the students, who, it was alleged, are allowed in the erowd and hurry of the out-patient room to treat patients independently of the proper medical staff. This was made a general charge against the large hospitals. Charges of this kind are in their nature diffieult of disproof; that mistakes are sometimes made in hospitals need not be denied; but the statement that patients were passed through the out-patients' room without being seen by the physieians or surgeons on duty, or that students were permitted to act except under immediate supervision, was declared to be, and appeared to your Committee, unfounded. At King's College Hospital slight aeeidents (sueh as cut fingers) are treated by students; but they are strictly forbidden to take more serious cases without sending for the house surgeon. Much evidence was given favourable to the care and good treatment bestowed on out-patients,

Hardy, 792–813, 847–8, 899–904, 920–2; Bousfield, 1327; Corbyn, 3621–6, 3715–20; Bhabha, 3964–73; Farmer, 3304–17, 3322–30, 3363, 3463–4, 3494–506. Brown, 25536–46.

Currie, 1721–4; Clarke, 1975–6; Waterlow, 2435–6; Brodhurst, 4058–60; Lushington, 10110; Cross, 10397; Moore, 10619–20; Owen, 12502–4; Fardon, 13055; Barlow, 15934.

Curnow, 18955, 18960–9.

patients, and whatever importance be attached to the particular instances alleged to the contrary, it cannot be held that anything like a case involving general neglect was proved against the hospitals under this head.

"(4.) *Tendency to Inflate Out-patient as 'Bait' for Subscriptions.*—A hospital issuing an appeal to the public naturally lays stress on the amount of work it is doing; and therefore the motive for desiring to treat a large number of out-patients undoubtedly exists. Several witnesses referred in general terms to this tendency as contributing to the existing congestion; but there was little direct evidence on the subject. It was said that the temptation to attract out-patients for the sake of swelling returns is more likely to be felt in the smaller special hospitals than in the great general ones; the latter having so much difficulty in getting through the cases which come crowding in for treatment, that the necessity of putting a check on their admission is much more felt than any desire of admitting more.

Montefiore, 111, 123–4; Hardy, 988; Farmer, 3524; Alderson, 16656; Taylor, 17790; Corner, 24821; Brown, 25542; Quennell, 14959.

"(5.) *Injurious Effect of Excessive Numbers on Training of Students.*—It is said that 'an inordinate number of trivial cases wastes the time of the consultee, wearies the attention of the students, and fosters a habit of hasty diagnosis and careless observation, which tends to erroneous and inefficient treatment.' Stated as a general proposition, this quotation from the report of a committee of medical men who inquired in 1870 into the administration of hospitals seems unanswerable. Not very much evidence was given on this point, but, in view of the numbers who are treated, it is difficult to believe that the existing system can altogether avoid these tendencies. The resident medical officer at the Middlesex Hospital, however, while agreeing that from the point of view of instruction it would be better to limit the number of cases, pointed out that only about a third of the casualties were sent on to the out-patient department, and that on this third alone the students attended for the purpose of receiving instruction from the hospital staff. At St. Bartholomew's also it appears that the students do not attend in the casualty department. At St. Thomas's, where the out-patients are limited in numbers, it was considered that an increase in the number would make the instruction worse.

Montefiore, 52. Taylor, 17808; Dowse, 19693.

Fardon, 13050–1.

Waterlow, 2620; Moore, 10633. Sharkey, 11914–5;

"(6.) *Quantity of Trivial Cases.*—The majority of persons who present themselves at the out-patient department of a hospital come with trifling ailments which are quite unsuitable for hospital treatment, uselessly occupying the time and wearying the attention of the medical staff, whose best faculties are needed for cases of serious illness. It was the opinion of more than one witness that a good many people frequented the out-patient room more for the sake of conversation than of medical advice; but it was denied that, so far at least as St. Bartholomew's was concerned, there was much opportunity or inducement for practising this kind of abuse. At Guy's a refreshment bar is established. Mention was made also of a 'stock bottle,' containing a harmless mixture used for the benefit of that class of patients who are not satisfied to be dismissed without a dose. It was said that a great many applicants needed food and washing, but not medicine.

Montefiore, 51; Hardy, 814; Bousfield, 1239, 1256; Currie, 1731; Clarke, 2035; Mackenzie, 2180; Fardon, 12997; Brown, 25531.

Waterlow, 2665; Steele, 398.

Brodhurst, 3991, 4048; Saville, 24399; Corner, 24838; Loch, 26117.

"(7.) *Want of Discrimination in Admission of Out-patients.*—It is generally agreed that the hospitals are intended for those who are too poor to pay for private medical attendance, but who are not recipients of relief under the poor-law; and one witness was of opinion that the working classes themselves have a very clear idea who are fit subjects for hospital treatment. It is, however, charged against the hospitals that no sufficient means are adopted for rejecting those applicants who are not proper objects for charity. This charge is more especially directed against the administration of the out-patient departments. The extent to which the charge is true is a matter of dispute. The various methods adopted or proposed for relieving the congestion in these departments, and preventing their abuse, will be dealt with later; but as long as the out-patient system exists at all it can hardly be expected that any remedy will supply an absolute safeguard against abuse. Meanwhile, in those hospitals which have not adopted any special means for controlling the admission of out-patients, the evidence of the hospital authorities shows that the medical officers are expected, by observation and inquiry, to ascertain, as far as they are able, the position of persons applying for treatment, with a view to rejecting those who are unsuitable. Strong opinions were expressed, chiefly by medical men practising in poor districts, who are the persons chiefly interested, that this abuse prevailed to a very wide extent. The hospitals do not in general deny its existence, but say that it is immensely exaggerated, and believe that only a very small proportion of their patients are in a position to pay doctor's fees; many also are cases requiring the best treatment, such as they could not obtain for the low fees which they are able to pay; and some of the better class of patients are sent by their own doctors for the sake of consultation. The evils said to arise from the abuse (whether it be in fact widely spread or not), together with the evidence bearing on them, are noticed under the five remaining heads, which are in reality only different aspects of the same thing.

Bousfield, 1382–3; Farmer, 3442, 3460–1; Wallace, 21191–3.

Bousfield, 1251.

Steele, 587–81; Wainright, 11402; Todd, 12107; Melhado, 12858–61; Fardon, 12994; Gould, 13128; Read, 14180; Ryan, 14466–8; Allchin, 15415–8; Barlow, 15938–40; Theis, 16187–8; Dobbin, 17458–9; Gilbert, 20383–4; Cross, 22089; Newstead, 22918–9.

Steele, 324–5, 402; Waterlow, 2618, 2622; Nixon, 8865; Clark, 9666, 9889–90; Moore, 10629; Ord, 11236; Wainright, 11403; Sharkey, 11905; Todd, 11975, 12260; Clutton, 12327; Fardon, 12997; Reade, 14184; Willcocks, 14317; Ryan, 14472; Morris, 14827; Quennell, 14962; Allchin, 15392; Dent, 15432; Barlow, 15961–3; Theis, 16351–3; Calvert, 16547, 16558; Dobbin, 17465–7; Fowler, 17738; Curnow, 18945; Lucas, 20205; Newstead, 22955; Burdett, 25841; Nixon, 15670–7; Bury, 16628–30.

"(8.) *Persons treated Free who ought to Pay.*—Cases were cited of persons in good circumstances applying for and obtaining free treatment. A committee of medical men, some 20 years ago, estimated that a fourth of the out-patients could pay for private advice, and half could join provident dispensaries. Instances were given of the admission of

Montefiore, 59; Hardy, 941; Bousfield, 1313–4, 1347; Clarke, 2006; Farmer, 3292; Bhabha, 3840, 3872, 3883–8; Brodhurst, 4056; Bennett, 4254–6; Kay, 4474–6; Allchin, 15314;

Dowse, 19690; James, 21858; Brown, 25523–35, 25541, 25566, 25572–4, 25626 ; Dawson, 25635–7.

domestic servants; of private patients who stated that they had been treated at a hospital; of persons assuming a poorer dress in order to gain admission; of persons in affluent circumstances applying for treatment; of persons so applying in order to save a consultation fee. But, as stated above, a great deal of evidence was forthcoming to the effect that this kind of abuse was rare.

Currie, 1766–9; Mackenzie, 2181 ; Farmer, 3173 ; Corbyn, 3704 ; Bhabha, 3954 ; Kay, 4513 ; Farlon, 13033–4, 13063 ; Gould, 19127 ; Nixon, 15698–702 ; Dowse, 19722 ; Ryan, 21418–9 ; Loch, 26145–9.

Waterlow, 2445. 2623.

Mackenzie, 2178–80.

Burdett, 25807.

"(9.) *The Poor Pauperised.*—Sir E. Hay Currie was of opinion that 'the first thing that makes a man a pauper, so to speak, or makes him realise that he can get something for nothing, is the ease with which he gets medical relief.' In this condemnation of free treatment, he included not only the hospitals, but also the free medical order under the poor law, since the latter does not involve any loss of civil rights. Other witnesses took a similar view, but the opposite opinion was also held, that the free medical treatment kept a very large number of persons in time of sickness off the parish, and thus saved them from pauperism. It was also said that the system of inquiry adopted at some hospitals, by eliminating unsuitable cases, puts a stop to any pauperising tendency; but this argument is not convincing, because the residuum left after the process of elimination is just the class that is said to be pauperised. To take the other end of the scale, the out-patient departments would seem very largely to relieve the poor law, since the whole number of persons treated under the poor law at dispensaries and at their own homes does not equal the number of out-patients passing through the London Hospital alone.

Montefiore, 59, 83, 171 ; Holmes, 770 ; Hardy, 875–6 ; Bousfield, 1248, 1330, 1455, 1466 Currie, 3124.

"(10.) *Provident Dispensaries Stifled.*—It appears to be a fact that provident dispensaries do not flourish in the neighbourhood of the general hospitals. The decay of the Marylebone Provident Dispensary, the oldest institution of the kind in London, and formerly a flourishing one, was declared to be simultaneous with the growth of the out-patient departments of the Middlesex and University College Hospitals. Conversely the opinion was expressed that where the out-patients of a hospital are reduced, there provident institutions are sure to spring up. As an instance of the good effect of such an institution where it has free play, the provident dispensary founded in 1880, at Lewisham, may be cited. The Charity Organisation Society at that place used formerly to give to applicants letters for treatment at the Royal Kent Dispensary, a free institution. Since 1881, in which year 51 of these letters were given, the number steadily diminished, till in 1888 there was not one. Evidence on the other side, showing that provident dispensaries can and do in some cases flourish in the neighbourhood of hospitals, was of a less positive character; but one witness thought that a hospital where a strict limit was put on the number of out-patients did not interfere with the provident dispensary at all.

Lushington, 10017–22 ; Todd, 12104 ; Curnow, 1910.

Dent, 15426.

Bousfield, 1259 : Woods, 1553. 1607–8, 1680 ; Farmer, 3277 ; Corbyn, 3755–8 ; Bhabha, 3828–30, 3958 ; Bennett, 4244–6 ; Kay, 4474–8, 4504–5, 4530–4 ; Alderson, 16640–5 ; Taylor, 17803–4 ; Dowse, 19689–91 ; Wallace, 21186 ; Corner, 24815–9. Waterlow, 2008–11 ; Mackenzie, 2192 ; Currie, 3111.

"(11.) *General Practitioners Deprived of their Patients.*—A number of medical men in practice in the poorer districts were examined on this point, and were almost unanimous in holding a very strong opinion of the injury caused to their class by what they considered the unfair competition of the hospitals, and this view was held in a modified degree by other witnesses not directly interested. As regards the precise extent of the grievance, or the point at which any competition on the part of the hospitals became unfair, there was less unanimity. Those who held that a person able to pay a small fee to a private doctor had no right under any circumstances to receive treatment, or, at all events, out-patient treatment, in a hospital were met by the objection that such a person might be in need of very special skill or experience, and of such advice as only a hospital or an eminent consulting physician could offer. The proposal was made that the out-patient departments, while rejecting the treatment of ordinary cases, should be used solely for consultative purposes, or for the treatment of serious cases sent on by private practitioners; the evidence touching this point is mentioned more fully below; but here it may be observed that there was some apprehension in the hospitals lest a certain feeling of jealousy might, to some extent at least, check the flow from the private practitioners to the hospital of those serious cases which needed special treatment. So far as the medical practitioners are concerned, this limited use of the out-patient department would probably remove their grievance; but the hospitals would still be needed for those who are really to poor to pay private fees, unless, indeed, this class is to be wholly relegated to the provident and poor law dispensaries. And, as already mentioned under (7.), the hospitals deny that they treat any but a small minority of patients who could pay private fees.

Cheadle, 20315. Mackenzie, 2252–4.

Farmer, 3271–2 ; Corbyn, 3609, 3738, 3734–5 ; Bhabha, 3884 ; Kay, 4545–7, 4632–8 ; Alderson, 16648–50, 16673 ; Sandiland, 19741–76 ; Locke, 19790–801 ; Wallace, 21202–6 ; Corner, 24823 ; Brown, 25550, 25590.

"(12.) '*Sweating*' *of General Practitioners' Fees.*—The competition of free treatment would naturally tend to drive down the fees of the private practitioners; and this was stated to be an urgent evil, and one which has been going on for 10 or 15 years. But the hostility to the indiscriminate free treatment alleged to be given by the hospitals was less strong than the hostility expressed by some to the provident, and more especially the 'part-pay' systems. The line of argument seemed to be this:—'Of two things, one; either let there be charity, pure and simple, so that the receiver knows what it is before he decends to accept it; or else let people pay for what they get; but do not mix up the principles of charity and of self-support, so that a person believes himself to be supplying his own needs out of his own earnings, when all the time he is really more than half a pauper.' This is no argument against the provident system when it is properly carried out and pays its way; but one of the chief objects of attack was the out-patient department of the Metropolitan Hospital, in which the provident system has, but it is said only partially,

partially, been applied. On the part of the hospital it was admitted that the system did not at present pay, but this, it was said, was, as regards the future, merely a question whether enough subscribers joined;* the number was growing, but must increase much more before the experiment could be pronounced a success. In the meanwhile no doubt it was kept up out of the charitable resources of the hospital; but it was impossible that a venture of this kind should at once be financially successful; as regards the grievance of the private practitioners it was urged that only the very poor were admitted to the provident department of the hospital, and that the hospital, therefore, was not bringing down to a lower level the class which ought to seek private medical advice, but was operating to raise from pauperism that lower class which would otherwise depend solely on the free treatment offered by charity or the poor law.

Currie, 1760, 1852–86, 1900–21, 3140; Byers, 16746, 16902; Goodsall, 16954–8; Lucas, 20204.

"The promoters of the scheme fully admitted an obligation to avoid injuring the medical man, and were confident that, with the wage limit which they insisted on, their object was attained. It does not appear that the scale fixed for subscriptions is too low to pay the expenses, provided that there are sufficient subscribers; and therefore, whatever truth (if any) there may be in the allegation that the system tends to drive down private fees, it is not clear that the objection of principle to 'part-pay' holds altogether good against the Metropolitan Hospital; though it might be, and in fact was, argued that the application of a part of the general funds of the hospital to make good the deficits of the provident department during its period of probation, is a misuse of those funds, and a fraud on those who subscribe them. The local antagonism to this hospital seems to have been partly at least due to the employment of medical men from a distance on the staff, instead of local men.

Wallace, 21304–10.

"The system of 'part pay' is very common in the special hospitals; Guy's also has adopted it for out-patients, who are invited to contribute something towards the cost of their medicine; but in the general hospitals, which are the chief object of the private practitioner's attack, it is not commonly in use. The upholders of the system urge that it is better for the poor to pay something, if they can afford it, however small, than to pay nothing at all; such payments are good morally for the poor, and good materially for the hospitals, whose financial difficulties might, to a great extent, be removed by them. It was denied, nor does there seem to be any strong evidence, that in the 'part-pay' hospitals the free patients were worse treated than the paying ones. In its effect upon private practice, however, it seems impossible to doubt that, unless great care is taken to exclude all but the very poor, this system, so far as it goes, must tend to force down private fees; and the more so if it is true, as alleged, that the poor do not in general appreciate the distinction between paying part and paying the whole, so that, however small the payment is, they imagine themselves to be giving the price of what they receive. According to one view, however, the part pay system acts as a protection to the local doctor, inasmuch as a patient, if he has to pay in either case, will rather go to his own doctor than go through the discomfort and delay of waiting in the out-patient room of a hospital.

Montefiore, 1510. Brown, 3782–3, 3793–4, 4653–4, 4696; Byers, 16773.

Waterlow, 2781.

Kay, 4545–7.

Mackenzie, 2280.

"182. The evils alleged to exist under this head were by some witnesses charged in particular against the special hospitals, where the part-pay system is most prevalent, and where at the same time the greatest want of discrimination is shown in the admission of patients. But a witness from a special hospital thought that the general practitioners favoured his hospital because it did not offer free treatment.

Farmer, 3577–86; Bhabha, 3831–4, 3924–8, 3940; Allchin, 15405.

Forbes, 22407–9.

"183. To complete the picture drawn by the more extreme opponents of the hospitals, we are told that the general practitioner, impoverished by the loss of his patients and the reduction of his fees, deteriorates in capacity and in character, sets up private dispensaries which he works with the aid of unqualified assistants, and is driven to every shift for obtaining a scanty livelihood. He suffers, his patients suffer, the poor are pauperised, and the public who subscribe their money to the hospitals are defrauded.

Farmer, 3273, 3362, 3459; Bhabha, 3865, 3959; Kay, 4538, 4541, 4587–617; Alderson, 16646–7.

"184. As regards the actual fees charged by general practitioners in the poorer districts, some particulars were given in evidence. Payments are commonly made on a higher or lower scale, according to the circumstances of the patient. Some witnesses mentioned a shilling as their lowest fee, and a guinea for confinements; and thought that people who could not pay that ought to be treated for nothing at a hospital; but it appears that there are doctors who will pay three visits and provide medicine for a shilling. A man with a family, who would pay a shilling for a doctor's fee, would it was thought be earning at least 30 *s.* a week.

Woods, 1549–51; Corbyn, 3695.

Corbyn, 3762–4.

"185. A witness practising in South London stated that the fees in that district ranged from 2 *s.* upwards. In the East-end it was said that a good living could be made at the rate of a shilling for a bottle of medicine and consultation in the surgery, and 1 *s.* 6 *d.* for a visit to the patient's home and medicine; but it was said that some men would open dispensaries and take sixpenny fees, to the great injury of their brother practitioners, and to the risk of their patient's health.

Bhabha, 3892–4.

Kay, 4502.

Kay, 4538–40.

"186. A witness from the West of London regretted that there was no fixed code of fees;

Alderson, 16646–50, 16665.

* The secretary of the hospital, however, did not appear to regard the institution as being in principle self supporting (Byers, 16770).

fees; this witness also complained that his practice was injured by the out-patient department, though his lowest charge was 3 *s.* 6 *d.* or 5 *s.* a visit, including medicine.

Brown, 25543–4, 25550.

" 187. Another witness stated that in a working class and middle class district in North London the fees were 2 *s.* and 2 *s.* 6 *d.* for the working classes; but that of late, in consequence of the increase of hospitals and dispensaries, doctors had been driven to take 1 *s.* and 1 *s.* 6 *d.*, some even taking 6 *d.*

Dawson, 25643.

" 188. A witness, whose practice lay in the neighbourhood of St. Bartholomew's, stated that his average fee was 2 *s.* 6 *d.*; the very lowest fee he would take would be 1 *s.*, with a bottle of medicine.

" 189. All this evidence respecting the fees appears to show that above the sphere of the poor law there must exist a very large section of the population who cannot afford to pay a doctor.

Clark, 9693.

" 190. That many members of the medical profession are scarcely able to earn a living is not disputed; but how far this fact is due to the unfair action of the hospitals, and how far to other causes seems less certain. One general practitioner admitted that the existing low scale of fees was due in part to the overcrowded state of the profession.

Corbyn, 3746.

Thomson, 4380-3.

Another did not believe that the free or part-pay hospitals interfered with general practice.

Clutton, 12297–8, 12323–8;

Whipham, 12418–9.

At St. Thomas's the experience was that the general practitioners were not anxious to retain surgical cases, but were glad to send them on to the hospitals; and it was thought that the general practitioner in the neighbourhood would be sorry to see the out-patient department closed.

Fardon, 13403–4; Willcocks, 14320–5; Allchin, 15395–8; Barlow, 15948; Barker, 16023–8; Fowler, 17741.

Similar evidence was given from other hospitals, and a witness expressed the opinion that the practitioners who were injured by the hospitals were not those whom it was generally desirable to protect.

" 191. It remains to consider the remedies proposed for the removal of the abuses and shortcomings alleged against the out-patient department.

Proposal to abolish out-patient department.

Montefiore, 60; Hardy, 867–9, 942; Farmer, 3357–60, 3483; Corbyn, 3648–54, 3705; Brodhurst, 3991, 4053; Burdett, 25807, 25826–40.

" 192. Some few witnesses would appear to favour a clean sweep being made of the whole existing system, so as to confine the hospitals solely to the treatment of in-patients. Those, however, who advocated the closing of the out-patient department to general patients, admitted, for the most part, that the hospitals ought to provide for cases of real urgency and for cases recommended by medical men for hospital advice or treatment. These cases would, in their opinion, provide sufficient material for the instruction of the students; and the residue of patients who could not pay for private treatment would be relieved at the provident dispensaries,* or under the poor law. This was the solution proposed, not only by the general practitioners, but also by some advocates of the provident system; while others, again, among both these classes, went a step further in concession, and though the hospitals should still open their doors to the very poor.

Kay, 4506; Holmes, 670–1; Hardy, 941–2; Corbyn, 3648.

Bhabha, 3955; Bousfield, 1328.

Importance of out-patient department to medical school.

Steele, 404; Mackenzie, 9172; Clark, 9662–3; Moore, 10632; Owen, 12505; Fardon, 13002; Willcocks, 14307; Gould, 14854; Allchin, 15389; Dent, 15435, 15451; Barlow, 15942–4; Barker, 16021–2; Fowler, 17746.

" 193. The suggestion that it might be expedient to shut up the out-patient departments was rejected with unanmity by all the medical witnesses coming from hospitals having schools attached to them. The out-patient department, they said, was of the utmost importance, for the sake of the training it afforded their students. Some eminent hospital physicians were inclined to think that the experience gained in the out-patient room, where the student sees the beginnings of disease, is the most valuable portion of his training, and that the shutting up of this department would be a calamity to the public and disastrous to the art of medicine.

Waterlow, 2629–1, 2667–9; Browne, 3791; Brodhurst, 4047, 4053, 4082; Anderson, 16527–9; Calvert, 16554–5; Loch, 26112; Holmes, 669–73, 690; Hardy, 929–30; Bousfield, 1259, 1308–18, 1328, 1367; Farmer, 3352–3, 3361; Corbyn, 3657, 3674–7; Thomson, 4349–58; Burdett, 25829. Bousfield, 1259; Waterlow, 2714; Mackenzie, 2187, 2352–4; Brodhurst, 4083; Farmer, 3350; James, 21846–8; Faulkner, 21981.

" 194. That medical students must have an opportunity, in some way, of studying the phases of disease which are seen in the out-patient rooms was admitted on all sides.† The abolitionists (partial or total) thought that this was merely an affair of organisation, and that the needs of the medical schools would be satisfied either by the cases which would filter through to the hospitals from the private practitioner, or by an arrangement which should give the students access to the provident and poor-law dispensaries, and through them (a point declared to be of much importance) to the sick poor in their own homes. It is evident, however, that the hospitals look with much distrust on the efficacy, from their point of view, of the 'filtering' process; and are afraid that the cases which would be the most useful for teaching purposes would not reach them, or would reach them in insufficient number.

Currie, 1729, 1766.

" 195. The proposal that dispensaries should be brought into co-operation with hospitals by some arrangement of affiliation, and should in this way take the place of the out-patient department, is mentioned elsewhere;‡ it received some favour as a general theory, but it was objected that hitherto the provident dispensary system had not gained much ground, and was quite inadequate to supply the material necessary for the medical schools. It is difficult, however, to see how the provident system is ever to prosper, unless the hospitals will enable it to do so. It seems that at Edinburgh, where the hospitals have no out-patient department, the students acquire a portion of their training in the dispensaries; but

Bousfield, 1333; Mackenzie, 2188, 2279. Lucas, 20204.

* The question of provident dispensaries is discussed separately.

† Sir M. Mackenzie appeared to attach little importance to the teaching in the out-patient department; but this opinion was opposed to the great mass of the evidence (Mackenzie, 2186, 2298–9).

‡ *See* under heading " Dispensaries."

but a doubt was expressed whether this would ever be found a convenient arrangement, except in a partial degree, in London. Loch, 26111–4.

"196. Various proposals were made for the reform, as distinct from the abolition (whether with or without a reservation for medically-recommended cases), of the out-patient department, the objects in view being to restrict the admission to those who were proper objects of charity, and to prevent overcrowding. Except in those hospitals which have adopted special measures, the only checks upon an applicant who is not palpably an unsuitable case for free treatment, are the limited time during which the doors of admission are open, and the delay and discomfort which he may have to suffer in the waiting room before his turn comes for treatment. The means which some of the hospitals have adopted for relieving the pressure, are of three kinds, viz., a special system of inquiry into the circumstances of applicants; a daily limitation on the number of new cases; and the making of a small charge for drugs. Suggestions for reform.

"197. *Limitation by inquiry as to fitness for Admission.*—This system has been adopted at King's College, St. Bartholomew's, the London, and some other hospitals. At King's College it was instituted in 1876. An officer was specially appointed to take down the names and addresses, and to ask certain questions of the applicants as they came in; then, if he saw occasion, reference was made to the Charity Organisation Society. As a matter of fact, not many cases were so referred; but the mere knowledge that inquiry was made is said to have greatly reduced the numbers. We are told that in 1871 there were 33,111 out-patients; in 1875, 28,232; in 1876, 21,346; in 1880, 14,069. Since then they have again been on the increase, and the number in 1889 was 18,916, including casualty patients; the latter class, as distinct from out-patients proper, appears to have largely increased in numbers. This system is still in force. Patients, however, are not refused first treatment, but are informed (where it is thought desirable) that inquiry will be made. Bonsfield, 1245–54, 1495; Curnow, 18941–7.

"198. At the London Hospital (since 1884) and St. Bartholomew's (since 1883) the system is similar; but at the London it applies only to the out-patients, and not to the casualties (at King's College and St. Bartholomew's, it applies to both classes). Out of 22,000 cases at the London, it is said that inquiries were made in about 800. At St. Bartholomew's mention was made of 30 persons being challenged in a day; 14,000 were questioned in a year; and 357 were visited at their own homes. Returns were put in of the inquiries made at these hospitals (Appendix G). Sir E. Hay Currie (a strong supporter of the provident system) had no great belief in the efficacy of this system of inquiry. Sir S. Waterlow, on the other hand, speaking of St. Bartholomew's, expressed himself as thoroughly satisfied with the system, and believed that the knowledge of its existence kept many unsuitable people away. But it does not seem to have been proved that the total number of applications had been greatly diminished. One effect of the inquiries is to show how many apparently unfit cases are in reality among those most in need of charitable relief. Evidence as to the working of the system in detail was given by Mr. Nixon, the house governor of the London Hospital, and his opinion was strongly favourable to its efficacy. At each of these hospitals the work of inquiry is performed by a single officer, who has a salary of about 150 *l.* Some other hospitals, without having a special officer for the purpose, seem to inquire more or less systematically into the circumstances of their patients, and recourse is had, in some cases (especially by St. George's), to the Charity Organisation Society. The opinion was expressed that the ordinary staff of the hospital should be quite competent to make the necessary investigations without the aid of a special officer; and that the appointment of such an officer would have little effect, and would be, in fact, a useless expense. *London.*—Currie, 1696–1706, 1770–1; Nixon, 8842–5, 8859–69; Clark, 9691.

St. Bartholomew's.—Clarke, 1991–5; Waterlow, 2446–50, 2459–62, 2671–4, 2686, 2727–37; Cross, 10382–8, 10487–8; Moore, 10630–1.

Mackenzie, 2129; Todd, 12107; Owen, 12435–7; Ryan, 14465–72, 14579; Theis, 16187–8. Dent, 18431; Gilbert, 20529–31.

"199. Several general practitioners and others spoke in favour of the special-inquiry system, of its good effect at the London Hospital, and of the good use which can be made of the Charity Organisation Society for this purpose; and this society was itself in favour of the general adoption of the system. As a further development of it, the proposal was made that every applicant should be required to bring with him some written recommendation, as a guarantee that he was a proper object of charity. At the Great Ormond-street Hospital for Children, and elsewhere, this plan seems to have been tried, but given up; and mention was made of the great difficulty of effectively working any general system of inquiry. Bousfield, 1494; Farmer, 3431–6; Corbyn, 3723–30; Bhabha, 3845–6, 3851–6, 3914–5; Wallace, 21,200, 21275; Corner, 24820, 24838–40, 24852–6, 24870–4; Taylor, 17853. Montefiore, 228; Loch, 26095–6, 26125. Farmer, 3440–1; Corbyn, 3687–8; Bhabha, 3908–14; Brown, 25529–30; Burdett, 25818–25; Barlow, 15964–5. Lucas, 20207–14; Farmer, 3522–4. Mackenzie, 2182–4.

"200. *Payment from Patients.*—This plan, which is in force at Guy's, and has been noticed in connection with the organisation of that hospital, was effective for a time in keeping down the numbers; but they increased again to such an extent that the following system of limitation has been adopted in addition to the payment system. Steele, 396–7; Loch, 260–6.

"201. *Limitation of Numbers.*—The most effectual check on overcrowding has been found in the plan of taking in no more than a certain limited number of new cases every day. Several hospitals apply this check; but it is not always worked in quite the same way. At Guy's, for instance, it appears to apply both to out-patients proper and also to 'casuals,' so that, if 60 persons apply for treatment on the medical side, 20 will be sent to the out-patient department, 20 will receive cards to be seen by the house physician, and the remaining 20 will be sent away unless any of them are in need of immediate treatment, in which case the rule is relaxed in their favour. Steele, 397–401, 405, 424–8, 450–2; Hardy, 998.

"202. At

Holmes, 677 ; Todd, 12105–9 ; Owen, 12435–56, 12466 ; Dent, 15434.

"202. At St. George's the limit is 15 medical and 15 surgical new cases per day, but other cases, if urgent, are treated by the house physicians and surgeons, irrespective of this limit, which refers to the out-patients proper. The selected cases are examined as to their circumstances by a clerk.

Sharkey, 11887–901, 11909–13, 1193.

"203. At St. Thomas's there is a similar limit. On the medical side, the number is nominally 20, but with the margin allowed for urgent cases it rises to about 23. The daily average of applicants during 1890 was 51; of the 28 not selected, about 14 would be treated as casuals, and given medicine for two days; the remainder would be dismissed. The evidence from the medical staff was, that the system worked well, and that no system of special inquiry was needed.

Quennell, 14951-2 ; Allchin, 15386.

"204. At the Westminster no out-patient officer is obliged to see more that 20 new cases a day; but this rule is not strictly enforced.

Theis, 16185–7, 16355–9.

"205. At the Royal Free Hospital there is a limit of 25 surgical, and 30 medical, new cases.

Fardon, 13035 ; Taylor, 17822–4, 17853–4. Alderson, 16656, 16674–6 ; Dowse, 19693, 19697, 19713. Loch, 26095–6.

"206. Opinions favourable to the system were expressed by medical officers at some other hospitals where it has not been adopted, and also by outside practitioners, and by the secretary of the Charity Organisation Society.

Reade, 14013–5, 14096 ; Wilcocks, 14295.

"207. At the Charing Cross Hospital there is no limit of numbers, and it was said that no difficulty is felt.

Relief of out-patient department through provident dispensaries.

"208. As already mentioned, one scheme of reform provides for the relief of the out-patient departments by the development of the system of provident dispensaries; but the advocates of that system do not seem to be agreed whether the out-patient departments should be altogether closed (except to recommended cases), or whether their doors should be still open to a class between the provident dispensary and the poor law. It is evident that the latter alternative does not provide an escape from the difficulty of discriminating between different classes and phases of poverty; and would necessitate a very efficient system of inquiry, unless the proposal were adopted of making every applicant bring evidence of his necessity with him.

Hardy, 941-1 ; Bousfield, 1328.

Bousfield, 1494.

Goodsall, 16942–3.

"209. At the Metropolitan Hospital, where the provident system is in operation, it is said that the number of out-patients is kept within reasonable limits.

Tait, 2283. Hardy, 1038–40.

"210. One witness considered that it ought to be the duty of the medical staff rigidly to exclude all cases not really needing special hospital treatment, and another would enforce the purging of the out-patient department by means of government inspection and control.

Loch, 26095–125.

"211. The secretary of the Charity Organisation Society advocated both limitation of number, and also investigation of cases, the investigation to be conducted by an almoner who should be an officer of experience in charitable work.

Use of out-patient department for consultation.

"212. A good many witnesses, among those who did not propose altogether to close the out-patient department to general patients, were in favour of its being used in an increasing degree for consultation purposes. The utility of the hospital in the character of a consulting doctor was, in fact, very generally assented to, as was also the desirability of keeping down the number of trivial cases treated at a hospital; but upon the questions whether a letter from a doctor should be the sole passport for admission, and whether the hospital, having once seen and prescribed for the patient, might go on treating him, or must forthwith send him back to his proper doctor or dispensary, there was less unanimity. Out-patients, it was said, should, as in France and in Scotland, receive advice and a prescription, but not, as a rule, drugs; and it seems that some would have the hospitals receive for treatment (as distinct from advice) only those cases sent for that purpose by a private practitioner or from a dispensary.

Holmes, 685, 743–50, 764–6 ; Bousfield, 1494 ; Currie, 1757–9 ; Bhabha, 3835 ; Thomson, 4358 ; Kay, 4534 ; Ord, 11236–51 ; Taylor, 17856 ; Brown, 25553 ; Alderson, 16679.

Montefiore, 228 ; Hardy, 1219.

Hardy, 891, 910, 933–40, 961–3, 1037 ; Farmer, 3350–2, 3437–8.

Bonsfield, 1263, 1328 ; Moore, 10636–6[a] ; Tait, 22299, 22373.

"213. Others, while advocating the use of the doctor's letter as a passport to the out-patient room, hold that this principle must not be pressed to the point of excluding the very poor who cannot pay for treatment, or of depriving the hospitals of cases necessary to them for their schools.

"214. Mention has already been made of the feeling in the hospitals that they would not get a sufficient supply of cases through the private practitioners. The out-patient department is already consultative to a considerable extent, and several doubted whether it could be made much more so than it is now.

Waterlow, 2715 ; Mackenzie, 9173 ; Clutton, 12298–301 ; Whipham, 12419; Fardon, 13003–7 ; Gould, 13134–6 ; Reade, 14182–3 ; Wilcocks, 14315 ; Morris, 14826 ; Allchin, 15397–8 ; Dent, 15441–4 ; Nixon, 15477–9 ; Barlow 15946–8 ; Barker, 16024–8, 16036 ; Calvert, 16556–7, 16585 ; Curnow, 1914–6.

Question of evening attendance.

"215. Questions were asked as regards the opening of out-patient departments in the evenings. The advantage to the poor of such an arrangement was recognised; but most witnesses from the hospitals regarded it as hardly practicable to secure the attendance of the medical staff at that time. At the provident out-patient department of the Metropolitan Hospital, there is evening attendance; also at the Lock Hospital, where it seems to have largely increased the number of applicants. The Saturday Fund attach importance to it; and it is one of the objects of the Fund to promote it. A general practitioner expressed himself as very much opposed to it on the ground that it would crush out private practice.

Bousfield, 1451–3 ; Currie, 1727 ; Clark, 1936–9 ; Ord, 11258–9 ; Armitage, 19535–9. Currie, 1846 ; Byers, 16742 ; Coote, 17061, 18329–30. Acland, 22818, 22841. Brown, 25552.

"216. The

"216. The want of sufficient accommodation for out-patients is an inconvenience which, under existing circumstances, is much felt at some hospitals. At St. George's, which appears to have been among those worst off in this respect, the accommodation is now being enlarged.

Insufficient accommodation for out-patients. Clutton, 12329–35, 12457–9; Dent, 15445–7; Melhado, 12780–3; Gould, 13124–6; Morris, 14817–21.

"Paying-Patients, and Contributions from the Poor.

"217. The great majority of the general hospitals are absolutely free; no payment being taken either from out-patients or in-patients. As regards out-patients, Guy's seems to be the only exception, requiring a small payment, in ordinary cases of 3 *d.* to 6 *d.* to meet the cost of drugs, a requirement, however, which is not insisted on where the patient appears to be too poor. The only thing generally asked of out-patients is that they should provide their own bottles.

"218. The beds are also as a general rule quite free, the paying beds at St. Thomas's and Guy's being an innovation introduced to meet the financial difficulties of these hospitals.*

"219. In many hospital boxes are put up into which patients and their friends can, if they please, drop their contributions. In a few cases it seems that the habit is to call the attention of the patients to these boxes before they are discharged, and to suggest the propriety of their contributing something to the support of an institution which has befriended them, but in general no such request is made; sometimes patients wish to make a direct contribution to the expenses of their maintenance; but this is always refused. The objections to 'part-pay' have been mentioned in connection with the grievances and proposed reforms in the out-patient department. But there appears to be a strong feeling on the other side that the poor who benefit by the hospitals ought to contribute according to their means to their support. This view is held both as a matter of principle (and is indeed the leading principle of the Hospital Saturday Fund), and as a matter of expediency, for it is said that if the hospitals would encourage their patients to help them this source alone would go far to remove their financial difficulties, which at the present time are in some cases great and (it is said) increasing. Help from this source is already forthcoming to a not inconsiderable extent, if the special hospitals and the dispensaries and convalescent homes be included in the account; the total charitable income of these institutions for 1889 being estimated at 300,000 *l.*, proprietary income 120,000 *l.*, and payments by patients 45,000 *l.* The share of the general hospitals in the last item would doubtless be very small. The Middlesex Hospital, we are told, derives from 20 *l.* to 30 *l.* a year from this source; the Royal Free, 20 *l.* Sir E. Hay Currie, speaking of the provident system in the out-patient department of the Metropolitan Hospital, the income of which was in 1890 about 800 *l.*, expressed the opinion that the hospitals could if they chose collect from their patients the balance of money required for their support.

Steele, 337.

Steele, 465; Mackenzie, 2338–9; Brown, 3752–4, 3793–4, 3798, 4698 Thomson, 4378–81; Byers, 16887–8; Faulkner, 22004.

Acland, 22841.

Buxton, 8748.

Waterlow, 2769–70.

Melhado, 12849; Theis, 16437–9.

Currie, 1875.

"220. Upon the question whether the general adoption of this course would check the flow of subscriptions, one witness at least said he did not think it would.

Mackenzie, 2136. Goodsall, 16993. Lucas, 20253.

"221. Working men have, it is said, very great confidence now in the hospitals, and take great interest in their welfare; while the subscriptions which they make both individually and through their provident societies and the Saturday Fund are said to have produced an impression that they can come to the hospitals as a right.

Acland, 22838; Burdett, 25805.

Montefiore, 1518.

"222. The system of admitting paying-patients at St. Thomas's and Guy's is referred to in connection with the organisation of those hospitals. The principle of payment was supported, according to their respective methods, by the supporters of the provident and part-pay systems. A danger to be guarded against is lest the admission of paying-patients should be allowed to crowd out, or that those patients should have a preference over, the very poor; and the possibility of its being thought that paying-patients or patients paying on a higher scale were better cared for than those who paid nothing or paid less, was mentioned as another stumbling-block.

Currie, 3151; Mackenzie, 2120–3. Waterlow, 2708, 2781, 2825–7; Corbyn, 3739–41, 3748–9. Bousfield, 1390–1.

"223. The objection of some general practitioners to the system of payment by patients in the wards was similar to their objection to it in the out-patient department (in connection with which the evidence upon the subject is referred to). One witness thought that the paying-beds had injured the profession more than the out-patient department. When witnesses of this class were questioned as to the case of persons able to pay for their ordinary medical treatment, but unable to meet the cost of a serious and expensive operation, and the special treatment and nursing requisite in such a case, it was generally admitted that a hospital was sometimes the proper place for such persons; but objection was still taken to any direct payment being made for services rendered; the proper course, it was thought, was for the patient to make a gift in the nature of a thank-offering in return for the charity freely accorded him.

Farmer, 3546–9; Bennett, 4260–3, 4289–91; Kay, 4559–86, 4630–40. Corbyn, 3742. Brodhurst, 3991.

Bennett, 4292–300, 4307–11, 4322–35.

"224. Another witness, connected with a children's hospital, was strongly in favour of the establishment of a paying ward, on the ground that the very poor are well provided for,

Cheadle, 20310–2.

* It was said by one witness that five out of the 11 hospitals with medical schools now admit paying patients (Burdett, 25849), and that pay system is said to be on the increase (25842, 25849).

for, and the rich can take care of themselves, but no sufficient provision is available for the lower middle class, who can pay something, but not the full cost of the best private treatment.

Burdett, 25818-27, 25842-60.

" 225. Another witness spoke in praise of the American system, the principle of which appears to be that everyone's circumstances should be inquired into, and that he should be called upon to pay according to his means; the system being worked by a committee of visitors, some of whom are constantly on the spot investigating the cases. In the Swedish hospitals it seems that no one is treated free; each patient being charged upon a scale appropriate to his means, and the pauper being paid for by the poor-law authorities.

Brown, 25592; Burdett, 25842-9; Loch, 26162-4. Browne, 3785.

" 226. Another suggestion was that there should be a separate class of 'home' hospitals for the reception of persons of moderate private means, who are now obliged in some cases to seek admission to the general hospitals. Such an establishment has been open for some years in Fitzroy-square; the patients employing their own doctor, and paying three guineas a week, which includes everything except doctor's fees; and there are other similar institutions.

" Unequal Distribution of Hospitals.

Montefiore, 47, 171; Fardon, 12960-86; Brown, 25578; Burdett, 25772.

" 227. Evidence was given showing in detail the congestion of hospitals and dispensaries in some parts of London, and their comparative scarcity in other parts. Within a radius of a mile from the Middlesex Hospital, for example, there are stated to be eight general and 26 special hospitals, with an aggregate of about 2,050 beds, and seven general and six special dispensaries; all these being in addition to the provision made for the sick poor under the poor-law.* All the hospitals in London, with very few exceptions, are said to lie within an area of about two [*sic*] square miles.

Currie, 3000.

Steele, 308; Currie, 3053, 3104; Waterlow, 2607; Lushington, 10124; Walker, 11039; Brown, 25579. Burdett, 25772.

" 228. On the south side of the river, St. Thomas's and Guy's are the only two general hospitals, neither of which is at present open to its full extent for patients (the Miller Memorial at Greenwich is the nucleus of a third); and the deficiency of hospital accommodation for that part of London was strongly insisted on.

Hardy, 1160; Mackenzie, 9135; Corner, 24843, 24877.

" 229. Again, to the east of the London Hospital in Whitechapel-road, there is great want of accommodation for the sick poor.

Buxton, 8801.

Ryan, 14386.

Gilbert, 20335-40, 20378-81.

Dowse, 19601.

" 230. If Blackfriars Bridge is taken as a central point, it is said that there are 51 hospitals to the west, and 15 to the east (the minor special hospitals being left out of account.) Again, a very large district in the north-west is said to be served practically by a single hospital, St. Mary's. The West London Hospital at Hammersmith supplies a very large district, and is more than three miles distant from St. George's and St. Mary's, which are the nearest general hospitals. The region about Soho-square is the centre of of a great number of special hospitals.

Burdett, 25773.

" 231. Six miles was estimated as the outside distance which an accident case might have to be carried to a hospital.

Brown, 25579.

" 232. One effect of the congestion of hospitals in central London was said by one witness to be to annihilate private practice in that district.

Proposal to transplant hospitals. Waterlow, 2604-5, 2687-92, 2795-7, 2803-4; Farmer, 3476; Lushington 10060; Johnson, 21922; Faulkner, 21999; Loch, 26142; Brown, 25577. Ord, 11260-71; Bhabha, 3882; Mansel, 9240; Bridges, 23444. Bousfield, 1276, 1387-8; Currie, 3001-2; Brown, 25578.

" 233. The prevailing though not unanimous opinion, as appearing from the evidence, seems to be that on the whole the hospital accommodation in London is sufficient; † but that that much inconvenience and a partial inability in some parts to cope with the demands for admission are caused by the unequal distribution of the hospitals, and by want of organisation. Some witnesses thought the difficulty might be met by the transplanting of some of the hospitals in the central district to places in the north, south, and east, where they are more wanted.

Waterlow, 2606, 2627; Currie, 3103-5.

Currie, 3003-7; Mackenzie, 2257.

" 234. It can hardly be doubted that a more equal distribution of hospital accommodation is needed; but at the same time it was pointed out that in settling the position of a hospital some consideration must be shown for the convenience of the medical men who will form its staff; and (though there was evidence in favour of the view that this difficulty could be surmounted) that a hospital in any outlying district would have a difficulty in getting the amount of attendance from distinguished doctors which the chief London hospitals now enjoy. The same difficulty might be found in obtaining a good committee of management; it was considered that many of the most useful members of such committees were men having business of their own, which occupied much of their time, and there would be a difficulty in getting them to attend at great distances.‡ The difficulty of obtaining support from public contributions was also considered greater in the case of a very remote hospital. As regards in-patients (except accidents) it appears that the proximity of the hospital to their homes is not generally a matter of such very great importance; and, as a matter of fact, it was shown that considerable numbers of out-patients,

Buxton, 8801-3; Byers, 16898.

Montefiore, 175-7.

1762-4, 3040, 2044-7, 2106-9, 2452, 2606, 2799, 8810, 8814, 11960-4, 14096, 14143-6, 14189, 14964, 16029, 16182-4, 16997, 18983, 26133.

* The Marylebone Infirmary, situated at Notting Hill, contains 700 beds.

† Dr. Bridges, of the Local Government Board, thought the medical relief in London inadequate.

‡ The want of capable men on their committees was declared by one witness to be the great weakness of the London hospitals (Burdett, 25656, 25739-40). The difficulty of getting good men to serve was said to be increasing (Buxton, 8809).

out-patients as well as in-patients are in the habit of seeking treatment at hospitals remote from their own homes, often passing by the nearer ones and going on to those farther off.

"235. Another suggestion involving the difficulties already mentioned, and also difficulties with regard to the requirements of the medical schools, was that a large portion of the establishment of hospitals, including the students, should be removed into the country, only the out-patient department, and a sufficient number of beds for accidents and critical cases which would not bear removal, being left behind. It was urged that at a distance of 10 or 15 miles out of town, the patients would have a much better chance than in the vitiated air of Loddon. The idea that the London hospitals should have a country establishment belonging to them met with support; but the general opinion appears to have been that the main part of the establishment, including the school, would have to remain in town. The immense practical difficulty of altering the existing distribution of hospitals, added to the objections mentioned, seemed to some witnesses to offer insuperable obstacles to any comprehensive scheme of transplantation from one part of London to another, or removal to the country.

Proposal to remove hospitals to country.
Mackenzie, 2199, 2221–5, 2253–7, 2278, 2355–8.

Currie, 3003–8, 3070–5, 3081, 3149–50; Michelli, 17945–8.

Clark, 9732–3; Barnes, 13757–60; Waterlow, 2625, 2645–51; Thomson, 4447; Williams, 17628.

"236. Sir Morell Mackenzie expressed a decided opinion adverse to very large hospitals, which he thought extremely prone to become unhealthy; he even thought it would be an improvement if hospital buildings could be of a temporary character, and be pulled down and rebuilt every 10 or 20 years. That very large hospitals are in themselves undesirable, was a view which met with a good deal of support; especially where they are planted, as the London Hospital and others are, in the midst of a dense population; 200 was mentioned as the maximum number of beds desirable. A medical witness of great hospital experience considered that with a very large number good management became more difficult, and the death-rate higher, and he gave statistics in support of the latter statement. On the other hand, a witness from the London Hospital spoke in favour of the practical advantages of large hospitals, and in particular of their great value for teaching purposes.

Objection to large hospitals.
Mackenzie, 2199, 2225, 2249–51, 2308–11, 2320–2, 2358.

Currie, 3009–14; Barnes, 13755–6; Anderson, 16511–3.

Tait, 22284–90, 22395–402.

Mackenzie, 9138, 9148, 9160–2.

"237. A way of overcoming the inconveniences caused by the unequal distribution of the hospitals was suggested in the establishment of what were called 'Out-post' hospitals, following the example set by the Seamen's Hospital at Greenwich, which has set up branch establishments in places where sailors congregate; and it was urged that the geaeral hospitals should apply some of their surplus funds (those which any or could raise them) in developing this system. The secretary of the Charity Organisation Society, when questioned on this subject, thought the idea a good one, but was afraid there might be difficulties in the way of its adoption.

"Out-post" hospitals.

Burdett, 25772–4, 25785.

Michelli, 17863–9.

Loch, 26178–82

"Want of Co-operation.

"238. The want of co-operation among the hospitals themselves and between them and the dispensaries, the poor-law infirmaries, and the private practitioners, was a matter which received much attention, and for which various remedies were discussed. So far from there being at the present time any general system of combination ar any definite division of work among the various institutions, they are on the contrary for the most part competing with one another at every point for public support, and to a great extent for patients. This condition of things is shown to be prejudicial, not only to the public who subscribe their money, and to the sick for whom these institutions exist, but also to the interests of medical science and education, since a vast field for observation and practice is closed to the clinical teacher and his pupils, while the hospitals for the sake of their schools, lest the requisite material should fail, are driven to take in and treat a crowd of patients unsuitable for hospital treatment, and the general practitioner complains that he is being ruined.

Montefiore, 110–1, 179; Bousfield, 1238–9; Currie, 3032; Bhabha, 3841–6; Thomson, 4409–12; Todd, 11976–7, 11986–7, 12143–4; Quennell, 15120–2; Nixon, 15707–10; Theis, 16341–3; Dowse, 19591–9; James, 21845; Johnson, 21912–4; Tait, 22301; Bridges, 23372.

Buxton, 8749.

"239. The evils of the present system, or want of system, are generally admitted; but little has been done hitherto to cure them. The Metropolitan Provident Medical Association and the leaders of the provident movement have put forward their programmes advocating co-operation with the hospitals,* and, as a germ of such co-operation, may be mentioned a provident dispensary which was set up close to the London Hospital, in the hope that the latter would work in with it. But the hospitals have not fallen in with the scheme, though some of their officers have expressed themselves as favourable to the principle, and the secretary of the Royal Free Hospital said that he was in the habit of sending to a provident dispensary cases which seemed unsuitable for the hospital. The interests of the school seem always to stand in the way. On the other hand, it is the universal complaint of all those who are interested in the training of students, that the young doctor labours under great disadvantages when he goes out into practice, from having had no experience of those types of disease which the general hospitals do not generally admit, such as measles, scarlet fever, and small-pox, and with which the poor-law infirmaries and the infectious hospitals of the Metropolitan Asylums Board are filled.

Co-operation of Provident dispensaries.

Bousfield, 1454–8, 1494; Currie, 1729; Thomson, 4348–58; Kay, 4506–13.

Bousfield, 1496–7; Currie, 1867–8; Nixon, 8857–8; Mackenzie, 9176; Theis, 16351.

Ord, 11239–43; Pardon, 13009; Fenwick, 19932–9.

"240. It

* Sir E. Hay Currie was of opinion that no new hospital ought to be founded except on provident principles (1844, 1899).

Affiliation of special to general hospitals.

Fenwick, 19955 ; Smith, 20824-7 ; Hincks, 20962-70.

Campbell, 24883-95.

Fowler, 17770.

"240. It was thought that much good might be done by affiliating special to general hospitals, but next to nothing seems to have been done towards bringing about any sort of co-operation between them, except here and there, where a medical man being on the staff both of a general and of a special hospital has transferred a patient of his own from the one to the other. A single case of real co-operation is that of the Charing Cross Hospital, which sends its eye cases to the Westminster Ophthalmic Hospital; and it was said that cases were interchanged between the general hospitals and the Brompton Consumption Hospital.

Proposal to form hospital districts.

Montefiore, 118-120.
Bousfield, 1266-78, 1362-7, 1384.
Thomson, 4445.
Currie, 2990-3001, 3023, 3037-9, 3082.
Bousfield, 1274.

"241. In connection with this system of co-operation, a scheme was proposed, and met with the approval of several witnesses, for dividing the whole of London into districts, each district to be supplied within its own limits with the necessary provision of hospitals and dispensaries, the latter (both voluntary and poor-law) being affiliated to the hospitals, and working in co-operation with them. If, unfortunately, it proved impossible to transplant some of the existing hospitals, and thus make each district self-supporting and self-contained, it was thought that means might still be found to work the system by attaching territorial areas to the hospitals in their present position. Such a scheme, it was thought could only be carried through after the establishment, and with the advice and assistance of some controlling body or central board, the necessity for and composition of which was the subject of a good deal of evidence.

Bousfield, 1279.
Currie, 2993.

"Hospital Expenditure and Account-keeping.

Advantage of uniformity in accounts.

Montefiore, 171 ; Bousfield, 1264-8 ; Woods, 1594-7, 1600-6 ; Mackenzie, 2162-6 ; Longley, 3241 ; Nixon, 8279-82 ; Lushington, 10053, 10099 ; Melhado, 12930-1 ; Morris, 14833 ; Quenuell, 15146-7 ; Theis, 16400-1 ; Dobbin, 17582 ; Lucas, 20280 ; Morgan, 22500 ; Acland, 22847 ; Loch, 26166 ; Carter, 16130-1 ; Cross, 10354-80, 10505 ; Melhado, 12921-4 ; Ryan, 14491-503, 14511 ; Michelli, 18015-8.

"242. The question was asked of a great number ofwitnesses whether the introduction of a more uniform system of account-keeping would be advantageous, and was answered almost unanimously in the affirmative. Under the existing circumstances, each hospital making out its own financial statement after its own fashion, it is found impossible to form anything approaching a trustworthy estimate of the comparative cost of management and maintenance as between different hospitals. The estimated annual cost of a bed, which is the ordinary standard of comparison, is calculated after so many different methods, producing such widely different results, as to be altogether fallacious. Any such comparison must always be deceptive, unless full consideration is given to, and full allowance made for, the peculiar circumstances of different hospitals, the particular cases and phases of disease which they treat, and the varying cost of the treatment. But in the interests of economy and good management it was strongly represented that an attempt should be made to introduce such a system as should ensure that all calculations of the cost per bed should at least be made upon a uniform basis. Such a reform would assist both the hospitals themselves in checking their own expenditure, and the subscribers in judging how their money was spent. Some critics saw in the unsatisfactory manner in which statements of accounts are often now sent out, not merely a want of system, but an actual design of magnifying in the eyes of the public, by means of large apparent deficits, the need for increased support.

Montefiore, 171 ; Hardy, 1151-2 ; Gordon, 21758.

Cost of beds.

1170, 1509, 1896-7, 2156-7, 8212-4, 8218-81, 12908-13, 14007-9, 14490, 14654-9, 15061-9, 16395, 17571-81, 17591-5, 20272-9, 20538, 25861—78, 26000-13.
1264-5, 1398-1400, 2162-5, 4647-51, 4672-5, 4691-2, 10377 80, 12917-20, 12931, 14018, 14492, 14504, 14511-5, 15141-6, 17927-35, 22865-6.
Michelli, 18026-38.

"243. Attempts have been made to form an estimate of the cost of beds in the several hospitals; and the figures given, if their accuracy could be relied on, would indicate great variation in the annual cost, ranging, according to one estimate, from 181 *l.* down to 60 *l.* The evidence, however, appears clearly to show that all such calculations are rendered altogether untrustworthy by the want of a uniform basis for making them; and without a settled universal system of account-keeping such a basis cannot be found.

"244. The system of calculation adopted for the Dublin hospitals was mentioned as an improvement on anything in London.

1217, 2637, 8205-11, 10368, 10452-8, 11116-24, 12914-6, 12925-30, 12945-50, 14010-9, 14739, 15065-7, 16396-9, 17573-80, 17936-7, 20274-9, 20535, 25875-6.

"245. The difficulty of estimating the cost of the out-patients is a serious obstacle in the way of correctly calculating the cost per bed. The mode adopted is to deduct from the total expenditure a sum calculated on a more or less arbitrary basis at 1 *s.* or 1 *s.* 3 *d.* or other amount for each out-patient; but it is found impracticable to keep the expenses actually incurred for the out-patients distinct from the general expenditure. To do so it would be necessary, amongst other things, to incur the additional expense of keeping separate dispensary accounts, and perhaps separate dispensaries.

2658-60.

"246. Attention was drawn to the difference of cost per bed between the hospitals and the poor-law infirmaries. This appears to be accounted for by the difference in the numbers of the medical and nursing staff, and in the character of the cases treated; the chronic cases, which form the majority in the infirmaries, requiring less expensive treatment and less nursing than the acute cases in the hospitals.

Hardy, 1190-1.

"247. It was complained that the expenditure for particular purposes, such as stimulants for the use of the patients, could not in all cases be ascertained.

"Glossary system" of accounts.

Michelli, 17927-35, 18000-5, 18019-23.
Waterlow, 2814-7 ; Burdett, 22879-80.

"248. The secretary of the Seamen's Hospital at Greenwich had worked out, and he described in detail, a model system of accounts by which an effective comparison could be made between different institutions. The important point in his proposal was that there should be not only a uniform basis of account, but also a somewhat minute sub-division of the heads of expenditure, and a glossary* showing exactly what items were to be included under

* Published in Burdett's Hospital Annual.

under each head. Without such a glossary no form of account could, it was said, be really trustworthy for purposes of comparison; such things as mineral waters and condensed meat juice, for example, would appear sometimes under 'provisions' and sometimes under 'dispensary,' and a host of minor discrepancies of this kind would inevitably lead to erroneous inferences. This glossary system was supported on the ground that it would enable the governing body of each hospital to keep a very close control on each item of expense, by comparing it with the same item elsewhere, and that it would promote inter-communication and exchange of experience between hospitals. It met with some (but not universal) favour from other witnesses.

Nixon, 8282.

"249. This question of accounts was discussed in considerable detail by a witness who had analysed the accounts of a number of hospitals, with a view to showing the diversity of plan on which they were made out, and the defective character of many of them. Attention was drawn in particular to the erroneous conclusions which might easily be drawn by a person inspecting the accounts of several hospitals, owing to the different methods in which the legacies were shown, and owing to the fact that in general no statement was made showing the whole amount of the property of a hospital (including value of site and fabric). The same witness produced a model form of balance sheet, which he explained at length, in which both income and expenditure were divided into 'renewable' and 'non-renewable,' and income was further divided into 'charitable' and 'proprietary.' Some form of compulsion would, he thought, be necessary to make the hospitals adopt this system. He further suggested changes in the mode of conducting the audit, with a view to a more thorough investigation of the accounts, and proposed that the auditor should give both a certificate in the proper form, and also a report showing the means taken to test the several items of account. The imposition of a compulsory independent audit was proposed, and defended; but it was not intended by this witness that any interference should be assumed in the actual management of hospitals. Questions were asked regarding the probable effect on the subscriptions of the public if such a scheme were adopted; no definite opinion was expressed on this point, but it was thought that the opportunities which would be afforded for close comparison of the working of different institutions would tend to increased efficiency of administration.

Defects of existing system and proposed remedy.
Gordon, 21714-63.

Appendix G.

Gordon, 21774-86.
Gordon, 21787-823.

"250. Some progress towards a more uniform system of accounts has already been made through the action of the Hospital Sunday Fund, one of whose objects it is to effect this reform. No hospital is qualified to receive a grant from the fund unless it furnishes a statement of its accounts in the prescribed form. The form, however, is framed merely to meet the requirements of the administration of the fund, and does not supply the particulars required for a complete comparison, in detail, of the cost of hospital management. For example, it distinguishes between 'proprietary' and 'charitable' revenue, and shows the amount contributed by patients; the object being to arrive at the sum representing the annual 'needs' of the hospital from the public. Then there is a division between expenditure for 'maintenance' and that for 'management'; this is for the purpose of ascertaining whether the hospital is economically or extravagantly managed.

Progress to uniformity promoted by Sunday Fund.
Currie, 3152-4; Waterlow, 2634-40, 2753, 2766, 2817, 2877; Gordon, 21722.
Barnes, 13806.

"251. It was hoped that through the Sunday Fund further advances would be made towards uniformity; but objection was taken to any attempt being made at forcing all the hospitals into an exact method; this, it was thought, savoured too much of State control, and would tend to destroy individuality.

Michelli, 17925-6.
Clark, 9739.
Reade, 14005-6; Page, 14802.

"252. An attempt has recently been made from within the hospitals themselves to arrive at some agreement for adopting the same form of accounts. A meeting of secretaries was called, when the principle was put forward that it matters less what the particular form is than that it should be uniformly followed, and that the reform should include a single system for registering patients; if this uniformity could be arrived at, with the help of a glossary, it was thought that a central audit would not be needed. The idea, however, did not at the time when the evidence was taken seem to have met with much support from the hospital authorities; but your Committee learn that during the past year a committee of the secretaries of the principal voluntary hospitals have agreed upon a uniform basis of accounts.

Movement within hospitals towards uniformity.
Ryan, 14507-10.
Lucas, 20282-3; Burdett, 25880.

"253. Another point insisted on was the necessity for an independent audit of the accounts. This, it was thought by one witness, would result in a reduction of the very great difference in the cost per bed between the hospitals and the poor-law infirmaries.

Need of independent audit.
Hardy, 1194-9; Woods, 1609-14.

"254. However this may be, the evidence does not, as a whole, show any general consensus of opinion that the hospitals are extravagantly or ill administered;* but the recommendation in favour of an independent audit received much support. On the other hand, expression was given to the feeling that the administration of private funds ought not to be made subject to external control, and that such control might lead to a falling off of public support.

General conclusion as to economy of management.
Bousfield, 1264, 1376; Thompson, 4396-7; Ryan, 14679; Barker, 16038; Burdett, 25653, 25657.
Brown, 25564-5.
Woods, 1593; Mackenzie, 2368; Michelli, 17956, 17988-95, 18068-65.
Waterlow, 2887.

"255. The

* One witness was of opinion that the food, nursing, and medical and surgical appliances were on a needlessly lavish scale, and that new inventions were recklessly adopted for the sake of the schools (Brodhurst, 3987-91, 4039-41, 4050).

"255. The proposals which were made regarding the establishment of some form of central body, with a limited control over hospital administration, included generally the vesting of such body with the supervision of accounts.

Effects of medical school on expenses.
14422–32, 1656–7, 3987–91, 4028–9, 4107, 4115–7, 14572–3, 25861, 25876.

11184–6, 12121–4, 15399.

14091, 14128–31, 14211.

12850–6, 12185–8.

"256. Some evidence was taken as to the effect which a medical school has upon the finances of the hospital to which it is attached. Some witnesses thought that the school must be indirectly a scource of expense to the charity, because it rendered necessary the early and experimental adoption of scientific improvements and appliances which, without it, might have been dispensed with, and that, therefore, the medical schools were partly supported by charity; but there was rebutting evidence on this point. On the other hand, it would seem that expenditure of this kind must, to some extent, bring direct gain to the patients, and therefore, may be properly defrayed to that extent out of charitable funds; while, at the same time, the students gratuitously render services which could not otherwise be obtained without expense. At Charing Cross, the school makes a fixed contribution so the general funds of the hospital, and the hospital appears to make a small net profit. Expenditure incurred for enlarging the school was said to be there regarded as an investment. At the Middlesex it seems that the school entails a small net annual charge on the hospital for maintenance, but the evidence is not quite clear.

Ryan, 14492, 14641–3.

"257. One witness, while he was of opinion that the school undoubtedly increased the expenses, thought that it also greatly increased the income of a hospital by widening the area of public interest and support.

"Proposed Central Board.

"258. It was generally felt by those who called for a reform of the out-patient department, for a supervision of accounts, for a restriction on the creation of new hospitals, and for a better organisation of medical relief as a whole through the co-operation of hospitals, dispensaries, private practitioners, and poor-law, that these changes could only be brought about through the direct agency or the indirect influence of a central board; and the necessity for such a body, its constitution, and the functions and powers to be delegated to it, were discussed by many witnesses.

"259. *Establishment of Central Board desirable.*—The great weight of the evidence from within the hospitals, as well as from outside, was favourable to the idea of a central board; but the hospitals were anxious that its functions should be strictly defined, and that it should not interfere with their internal management, but only with matters of common interest to all.

Steele, 364, 465; Bousfield, 1279; Mackenzie, 2342–3; Currie, 2993, 3084, 3094–7; Brodhurst, 4206–7: Buxton, 18750–1; Clark, 9735–6; Melhado; 12932–4; Fardon, 13077; Ryan, 14677–80; Michelli, 17926–7; Brown, 4687; Barnes, 13772–8; Morgan, 22503. Hardy, 1226; Farmer, 3564; Bhabha, 3869; Thomson, 4284–407; Kay, 4542; Montefiore, 222; Longley, 3230; Tait, 22311–6; Brown, 25554. Waterlow, 2342–3; Lushington, 10053–9; Quennell, 15042; Page, 14790–1, 14801–4.

Currie, 2997–9; Barnes, 13778; Quennell, 15110–1; Michelli, 17950–1, 17965; Brown, 25565.

"260. Some apprehension was felt as regards the effect which the creation of such a body might have on the flow of subscriptions; but some witnesses of experience were of opinion that the necessary money would still be forthcoming; it was even thought that the public would subscribe more freely, because they would have great confidence in the administration.

Longley, 3251–8, 3203–4. Barnes, 13827; Michelli, 17961.

"261. *Constitution of Central Board.*—One suggestion by Sir H. Longley, and favourably received by another witness, was that the central governing body constituted under the City of London Parochial Charities Act might be utilised; that body consists of five members nominated by the Crown, four by the County Council, two by the School Board, and one each by London University, University College, King's College, the City and Guilds of London Institute, the Bishopsgate Foundation, and the Cripplegate Foundation. This body will ultimately have the management of charitable funds worth 58,000 *l.* a year; it was suggested that the office expenses might possibly be paid out of these funds, and that some medical authorities could, if it were thought desirable, be added to the body.

Hardy, 1039; Buxton, 8751–81, 8804–7, Burdett, 25746–52.

Mackenzie, 2366; Thomson, 4427–9; Currie, 2993–9, 3027–33, 3036, 3131, 3141; Barnes, 13897–13830; Lucas, 20226–30, 20240–1; Loch, 26169.

"262. A few witnesses favoured or did not object to some form of Government control, or at least inspection (without direct control), and even a Government grant-in-aid, but the general opinion was decidedly against Government interference, and in favour of the controlling body being of a representative character. The maintenance of the individuality of the hospitals, of a healthy rivalry and *esprit dẽ corps*, was considered to be of great importance, and it was thought that all this would be prejudiced or destroyed by the intervention of a Government inspector. One witness, however, while admitting that a feeling of individuality in a hospital was a good thing in some ways, thought that on the whole it was bad.

Tait, 22312.

Thomson, 4428–34. Barnes, 13802–5, 13827; Tait, 22346.

"263. One proposal was that the central board should consist entirely of members elected by each hospital through its subscribers or board of management, each hospital paying its share of the expenses of the central board. It was thought that the voluntary hospitals would willingly come under the control of a body so composed. Another proposal was that it should comprise one representative of the hospitals and two of the inhabitants of the district, and three nominees of the Crown.

Clark, 9738.

"264. Another

"264. Another was to make use of the General Medical Council, acting (as regards too supervision of accounts) through a sub-committee. Carter, 16125–8.

"265. Another witness considered that the board should be elective and comprise both medical men and laymen, but should act in some way in conjunction with the Charity Commissioners as the guardians of trust funds. The same witness expressed approval of the suggestion to utilise the board constituted under the City Charities Act. Michelli, 17956, 18052. Michelli, 17961.

"266. Another view was that the central body should contain representatives of (1), the hospitals; (2), the Sunday Fund; (3), the Saturday Fund; (4), the Charity Organisation Society; (5), the general practitioners; and (6) the Government. Brown, 25555.

"267. The secretary of the Charity Organisation Society thought that the interests to be brought upon the board were those of (1), the medical profession (represented by the medical corporations); (2), the hospitals and medical schools; (3), the municipality; and (4), the general public (represented by the Sunday and Saturday Funds, and such bodies as the Charity Organization Society), the total strength to be 33 members, one-third retiring annually. Loch, 26173. Montefiore, 228.

"268. Sir Hay Currie, whose scheme is to administer hospital relief by districts, with complete co-operation of the hospitals, the dispensaries, and the poor-law institutions, favours the representation of all these organs of relief, and also of the poor themselves (as being the persons to be relieved), on the board. He would have a separate committee managing each district. Currie, 3023, 3057–63, 3082–3, 3087–90.

"269. Another witness, holding similar views as regards the importance of co-operation between all the various organisations administering medical relief, referred to the example given by the system of supervision now existing in Dublin. It appears that a board of supervision was set up there over the hospitals by Act of Parliament in 1856; year after year this board has issued a report, but (it is said) with little or no effect; and the Hospital Sunday Fund of Dublin, a voluntary body, acting with the concurrence of the hospitals, has instituted an independent visiting committee upon whose report the annual distribution is based. This system of voluntary supervision has, it is said, produced great results in improved hospital administration, which the statutory board was always powerless to effect. The recommendation of this witness was, that a similar system of inspection and report should be undertaken by the Sunday Fund in London, efforts being at the same time made to strengthen the council of that fund, and also of the various hospital committees. It was thought that the council of the Sunday Fund might be allowed to visit and report upon the poor-law infirmaries as well as the voluntary hospital; and, in return, that the Government inspectors, if it was thought advisable, might inspect the latter; or there might be a joint-committee from the Sunday Fund and the Government. The recommendations of the inspecting body would, under this scheme, be backed by the power of the purse. Burdett, 25726–56. Michelli, 17926, 17949, 17968–78, 18023–5; Moore, 19102–10; 19504; Croly, 19127–9.

"270. The secretary of the Charity Organisation Society argued that the Sunday Fund was not an appropriate body to undertake the work of supervision, both because the endowed hospitals, and also some of the smaller special hospitals, did not come within its purview, and because the council of the Fund had itself expressed an unwillingness to enter into matters outside its especial sphere of requiring certain conditions of financial administration and distributing funds. Loch, 26166.

"271. *Functions of Central Board.*—According to the scheme proposed on behalf of the Charity Organisation Society, the duties of the central board were, to inspect, to make suggestions for better management, and to issue an annual report of the proceedings of the board, and dealing in particular with the finances of the various institutions. It was suggested that the board should have some power for enforcing their views through an appeal to the Privy Council, or some other body, but the scheme did not precisely define the limits of this power, or the mode on which it was to be set in action, and the secretary of the Society was inclined to omit any power of compulsion. One point of the scheme was, that the board should, if possible, have to some extent the powers of the purse, and with this view it was suggested that a part of the funds dealt with under the City Parochial Charities Act should be handed over to the board, that it should be able to receive legacies and gifts for distribution, and that the Sunday and Saturday Funds should work in with it. Among the objects to be arrived at were, reform of the out-patient departments, co-operation and discrimination in the admission of patients, economy of administration, uniformity of accounts, and care in the establishment of new hospitals. Montefiore, 228. Loch, 26173–7.

"272. The idea was put forward, and met with some support, that the allocation of patients to vacant beds in the several hospitals might even be managed by the central board, after the manner of the Bureau Central in Paris, and in the same way as the Metropolitan Asylums Board distribute infectious cases among their hospitals. This power, it was thought, might be given to the board without further interfering with the internal affairs of the hospitals, or cramping their energies. A considerable body of opinion was expressed in favour of the view that the duties of the board should be so arranged as not to interfere with the internal management of the several institutions; that they should have power to examine accounts, to inspect, and to make suggestions, Currie, 3024–6, 3059–60, 3084–97, 3108, 3113–21, 3125–9; Thomson, 4418–34, 4448–50; Tait, 22311, 22384–6. Clark, 8753–9; Michelli, 17949, 17963, 17966–86, 18071–83. Currie, 3106.

but not to enforce them. The hospitals, it was said, would be glad enough to adopt improvements when brought to their notice; while cases of actual abuse or mismanagement they would, in their own interests, be anxious to put right.

Tait, 22311-6, 22346-9.

"273. One witness appeared to think that the hospitals would willingly submit to very extensive powers of control, as long as the controlling body was appointed by themselves.

Montefiore, 227-8; Brown, 25614. Thomson, 4451-4; Clark, 9752-4; Loch, 26173. Mitchelli, 17987, 17996-9.

"274. Some witnesses contemplated the board being set up by Act of Parliament, with express statutory powers; while others regarded it as a voluntary institution, or, at all events, thought that the attempt should be made to set it up by voluntary effort; but the fear was expressed that the rivalry between one institution and another would prove an obstacle to the creation of a voluntary board.

"275. Mention has been made of the influence already exercised by the Hospital Sunday Fund in promoting some approach to uniformity of accounts. It is the desire of the Saturday Fund also to have an influence, as a central body, in the direction of improved management. They have in particular made themselves a channel for the investigation of individual grievances complained of by patients regarding their treatment in hospital; and it is creditable to the hospitals that, according to the evidence of the chairman of the Fund, the great majority of these complaints have proved to be unfounded.

Currie, 2992-3; Burdett, 25726-7.

"276. The promoters of a complete system of co-operation between all the various organisations administering medical relief were among those who attached the highest importance to the establishment of a central authority; while, at the same time, this object was altogether dissociated from any desire to throw the hospitals upon the rates.

Ryan, 14678; Page, 14790-800.

"277. Some witnesses, who did not look to any great advantage accruing from the existence of a central board, so far as regarded the administration of existing hospitals, thought that such a board would be of use if it had a voice in deciding on the establishment of new ones. This was a duty which many witnesses wished to entrust to the central body. A strong feeling was expressed that much harm was done by the reckless opening of small hospitals irrespective of any need for them. But this is a question affecting the special rather than the general hospitals. The proposals were either that all hospitals applying to the public for funds should be compulsorily registered, and that the registering authority should have a discretionary power; or, that the central body should publish a report upon every scheme for founding a new hospital, and then, the public being warned, the promoters of the hospital might open it at their own risk.

"Miscellaneous.

1414-20 1801-4, 4952-63, 4973, 5109-10, 6690-701, 8407-11, 9195-7, 9303, 10464-7, 11795-801, 1110-3, 12182-5, 12269-70, 12605-7, 12784-96, 12935-44, 13833, 13838-46, 13923-31, 14031-6, 14098-100, 14616-9, 16145-8, 16428-9, 17492-3, 27540-3, 18183-5, 18500-3, 20507-12, 25076-94, 25501-8, 5129-35, 5344-5, 5562-4, 11710-9, 25264-5.

Brodhurst, 3987, 4039-41, 4051-2, 4132-4.

"278. *Food in Hospitals.*—Evidence was taken respecting the general treatment of in-patients, the regard shown to their comfort, the means available to them of making known their complaints, and in particular respecting the quality of the food supplied to them. Upon this latter point a great number of questions were asked, but, on the whole, little evidence appears to have been elicited of an unfavourable character. One witness, indeed, considered that the hospitals were administered, in matters concerning the comfort of the patient, on an unnecessarily luxurious scale. The defects which were mentioned were not of a very serious or deep-rooted character; and strong evidence in confirmation of the general good administration of the hospitals in all that concerns the comfort of their patients was given by the chairman of the Saturday Fund, who testified that the great majority of complaints which had been brought to his notice by ex-patients, had proved, on investigation to be unfounded. The patient appears generally to have sufficient opportunity of complaining of anything wrong, both to the nurse, who is specially charged with his care, comfort, and diet, and also to the visitors who, in most (but not all) hospitals, are specially appointed to go round the wards and inspect everything, and investigate complaints.

6800-1, 6806, 7056-9, 11047-52, 11137-44, 12026-9, 14668-75, 15078-84, 15578-95, 15731-44, 15883-7, 16241, 16824-6, 17494-7, 18104-8, 18768-72. 6693-8, 12030, 12113, 14978.

5562-4, 12787.

"279. At many hospitals it is the practice for patients to provide their own tea; and it was said that at one hospital all the tea was mixed up, and the mixture was not good.

6658-60, 12944.

"280. The cooking is in some cases entirely done by gas.

8405-6, 10303-9.

"281. The usual system in the large hospitals appears to be that the sister of each ward makes up a diet sheet for the day, in accordance with the doctor's directions for each patient; the steward (or official charged with this duty) has to provide the food and get it prepared and served up. Then it is the duty of the sister to see that the meals actually supplied are in accordance with the diet sheets.

18612-4.

"282. At one hospital it is the custom for the chairman to see every patient on leaving, and ask him if his food has been good.

Steele, 367-77; Bousfield, 1407-8; Tait, 22366-71; Burdett, 25900.

"283. *Sanitation.*—The sanitary condition of some of the hospitals, peculiarly important as this matter must be in such places, does not seem altogether satisfactory. Many of the hospital buildings are old, and are not readily adapted to the requirements of modern sanitary science. Some of the evidence bearing on this subject has been noticed in

in connection with the organisation of individual hospitals, notably St. Bartholomew's. Notwithstanding the universal recognition of the importance of maintaining a thoroughly efficient system of drainage, and notwithstanding the experience which some hospitals have had of sore-throat and other serious diseases pointing to insanitary conditions, the practice of making periodical examinations of the drains and periodically applying the recognised tests as to their efficiency does not appear to have been generally adopted. Even in the larger hospitals, which employ as one of their regular staff a surveyor, who is responsible for the fabric being kept in good order, no such safeguard is systematically applied.

14580-2, 14980-2, 15103-9, 15163, 15596-9, 15630-7, 20541-9, 20755-6, 16242-8.

"284. As regards matters other than drainage, it appears that that the antiseptic precautions now commonly taken have greatly reduce the prevalence of such diseases as erisypelas and pyæmia which formerly used to be the pests of hospitals. It was, nevertheless, the opinion of some witnesses that old hospital buildings did, in spite of precautions, tend to become in some degree insanitary, and that very large hospitals were for sanitary reasons undesirable.* The ordinary deal floors which are common in the older buildings are considered unwholesome as compared with the tongued and grooved teak floors which it is now usual to lay down in hospitals, and which are kept clean by dry-rubbing.

Steele, 461; Waterlow, 2626; Quennell, 15159-60.

11535-8, 14660-3, 15075-7, 15723-30, 18217-8.

"285. *Rating.*—Some complaint was made of the heavy rates which the hospitals are called upon to pay. It seems that, until a few years ago, none of the hospitals had ever paid anything on this account; but a late decision of the House of Lords has imposed on them the liability. It is urged that these institutions, which with difficulty collect the necessary means for carrying on a work that saves the poor-rate many thousand pounds a year, ought not at the same time to be mulcted of their funds in aid of that rate. This charge seems to bear on the hospitals very unequally, and to fall much more heavily on the endowed than on the voluntary hospitals. According to the evidence Guy's pays 1,500 *l.* a year; St. Bartholomew's 1,186 *l.*; St. Thomas's 2,300 *l.*; St. George's 365 *l.*; Middlesex 200 *l.*; Westminster 125 *l.*; University College 72 *l.*; the Metropolitan 160 *l.*; Brompton 600 *l.* The Royal Free Hospital is assessed at 430 *l.* net The assessment of St. Mary's appears to have been suddenly raised from 250 *l.* to 1,500 *l.* The London Hospital is protected by the Whitechapel Improvement Act, and pays only a trifling amount in rates (51 *l.*)

417-21, 10042-8, 10351-3, 10562-5, 10876-8, 11573-5, 12503, 12016-7, 12862, 15419-21, 15616-7, 16376-83, 17008, 17407.

16376.

14492.

8214, 16378.

"286. One witness not only considered that the hospitals ought not to be required to pay rates, but doubted the legality of the charge now made on them.

Cross, 22249-80.

"287. *Qualifications of Medical Staff.*—It appears to be the almost universal practice † of the general hospitals in London to require that their medical officers, at all events those holding the senior offices, should possess a 'London qualification,' *i.e.*, a diploma from the College of Physicians or Surgeons. A great number of witnesses were questioned as to the existence of this rule and the reasons for it, and it was mentioned as a subject of complaint by several general practitioners and medical men coming from special hospitals and from Ireland, as being at the present day an anachronism injurious alike to the profession and the public. It was, however, defended by witnesses from general hospitals, on the grounds, mainly, that the tests required by the London Medical Corporations ensured more than any other the possession of the qualities required in a teacher as distinguished from a mere practitioner of medicine, and supplied also to a greater extent a guarantee of moral character; that the London colleges exercised to a great degree a disciplinary control over their members in regard to their professional conduct (much importance was attached to this point); and that, as most of the London students went to these bodies to pass their qualifying examinations, it was desirable that their teachers should be in touch with the authorities that examined them.

Waterlow, 2505-15; Buxton, 8787-800; Ord, 11223-4; Whipham, 12371; Melhado, 12729-34; Wilcocks, 14349-60; Allchin, 15351; Theis, 16431; Goodsall, 16947-8; Curnow, 18983.

Woods, 1635-40; Mackenzie, 2194-8, 2226-37, 2267-71; Browne, 4693-7; Moore, 19068-122; Croly, 19124-34.

Clark, 9708-12; Moore, 10756; Allchin, 15352-76; Williams, 17697-712.

2082, 9041-51, 11225, 12379-410, 18616-21, 16966-72, 18984-6.

"288. It was also said that any man of sufficient eminence to be elected to the staff of a great hospital would have no difficulty in acquiring the necessary diploma, but to this it was answered that it was derogatory to such a man, and a hardship on him, to expose him to an examination.

Brodhurst, 4002-6; Moore, 10585; Whipham, 12373-4; Willcocks, 14357; Tait, 22363-5.

Browne, 4694; Moore, 19076-9.

"289. A witness from Guy's thought that the rule might be useful where the staff was elected by a large number of ignorant voters, but that at Guy's where there are only 60 governors no such safeguard was needed.

Perry, 10225-32.

"290. It was stated in evidence that a similar exclusive rule had existed in Ireland, requiring that only licentiates of the Royal College of Surgeons of Ireland should hold county infirmary appointments, but that this restriction had been abolished by Act of Parliament in 1876.

Moore, 19082.

"291. *Chaplains.*—Each of the leading hospitals has a salaried * chaplain specially appointed to visit the wards and minister to the sick. It St. Bartholomew's, St. Thomas's, and

* *See* page cxxxix, § 236.

† At Guy's exceptions to the rule appear to be admitted (Perry, 10133–9). At St. Mary's also it is rather a custom than a strict rule (Page 14771–5).

* At St. Thomas's the chaplains receive, respectively, 275 *l.* and a residence, and 150 *l.*; at the Middlesex, 200 *l.* with residence; Charing Cross, 100 *l.* with board and lodging; St. Mary's, 200 *l.*; University College, 70 *l.*; Royal Free, 100 *l.*; Brompton, 300 *l.* and residence.

and some others of the larger hospitals there are two chaplains. The chaplain sometimes, but not in all cases, is resident in the hospital. He often performs services lying outside his strict duty by interesting himself in the circumstances of patients, communicating with their friends, and particularly in recommending grants out of the Samaritan Fund, if not (as in some hospitals) actually entrusted with the administration of it. In some hospitals (*e.g.*, Charing Cross) he is the highest resident official.

Rathbone, 25963-73.

"292. Mr. Rathbone was strongly of opinion that hospital chaplains ought to be appointed for a short time only, three years or five, and preferably three.

"SPECIAL HOSPITALS.

Definition of special hospital.
Montefiore, 13.

"293. A special hospital is one which is restricted to the treatment either of a particular disease, or class or group of diseases, or of particular classes of patients (*e.g.*, women children, seamen); or, again, it may be special, not as regards the kind of disease treated, but as regards either its effect upon the patient (*e.g.*, a hospital for incurables), or the particular methods adopted for its treatment (as in a homœopathic hospital).

Statistics.
Montefiore, 12, 149.
Barnes, 13722-4.
Montefiore, 154-67; Hardy, 1128.

"294. The number of special hospitals in London was stated to be 67 in 1890. Between 1830 and 1840 four new special hospitals were started; between 1840 and 1850, seven; between 1850 and 1860, eight; between 1860 and 1870, sixteen; between 1870 and 1880, seven; and between 1880 and 1890, six. A classified list of the special hospitals was given by one witness. Many of them are very small; one is said to have only seven beds, and only an average of four occupied. Calculations of the annual cost of a bed are acknowledged to be inconclusive; but at some of these small hospitals it is stated at so high a figure (in one case reaching 285 *l.*) that it seems evident that they are very much more expensive institutions than the larger hospitals.

2122-30, 2213-7, 2781, 2825-7, 3577-80, 3793-4, 3921-8, 4663-4, 4669, 4676-83, 4698, 19139, 19143, 19821-3, 20576, 20696-700, 20924-6, 20936-8, 20953, 20978-81, 21165, 22521-3, 23003-5, 23642, 23654-64, 23712-4, 23717.

"295. The special hospitals commonly require or invite their patients to contribute towards the cost of their treatment. As already mentioned (p. 37, §219), patients are estimated to pay altogether 45,000 *l.* a year, of whith the bulk goes to the special hospitals. The system adopted in several hospitals was explained, the general principle being that the patient should pay what he could afford, but that the amount of his payment was not in any way to affect the treatment; and, generally, if he appeared unable to pay anything, he would be treated free. The suggestion that there was a tendency to favour the paying patients, rather than the others, was denied. In some hospitals there is a graduated scale of charges.

Objections alleged against special hospitals.

"296. Objections were made to the special hospitals, or to some of them, on several grounds: That many are started by medical men in their own interest, and not from any public need; that some are so small that they cannot be economically administered; that they draw away funds from the general hospitals; that by drawing away patients from the general hospitals they are injurious to the medical schools; that the treatment of patients in them is unsatisfactory; and that the special departments which the general hospitals have opened render special hospitals unnecessary.

Montefiore, 138-41; Steele, 366; Holmes, 698-9.
Hardy, 1058-9, 1072-1103, 1135, 1139; Bousfield, 1282-3; Waterlow, 2610; Carter, 16121-4; Fenwick, 19955; Lucas, 20197-8.
Brown, 25563, 25569.
Hardy, 1059.

"297. *Special Hospitals founded without reference to Public Requirements.* — It is alleged that in some instances special hospitals have been founded as a speculation, with a view to advance the fortune and reputation of particular doctors, and that some have proved themselves to be under men of extremely doubtful reputation. One witness, a general practitioner, believed that at least three-fourths of the special hospitals were conducted for the special benefit of members of their staff. Such hospitals, it is said, lay themselves out specially for the treatment of large numbers of out-patients, for whom considerable payments are obtained. The object aimed at, however, is professional status and position, rather than any direct pecuniary advantage.

Steele, 465; Holmes, 699; Hardy, 1104-17; Brodhurst, 4196; Michelli, 17941.

"298. But apart from any question respecting the motives which prompt their founders, it is said that a large proportion of the hospitals which are set up from year to year are actually not wanted in London, and in particular are not wanted in the districts where they are placed.

Mackenzie, 2168-70, 2247, 2325-6.

"299. On the other hand, while it was admitted that human motives are mixed, and that hospitals are generally founded by doctors who get together a committee of friends and subscribers, it was said that this method applies equally to general as to special hospitals, and to hospitals which are needed as to those which are not. St. Mary's, Charing Cross, the West London, and the Great Northern, were mentioned as instances of hospitals which had been founded by doctors. Special hospitals, it was said, were founded by specialists, men who are the best in their line, but who often, for this very reason, are excluded from the general hospitals. Upon the question of public necessity it was contended that even those special hospitals, which are really not absolutely necessary, do a very great deal of good, and effect a great many cures which would not otherwise be affected.

Mackenzie, 2391.

"300. One

"300. One witness, while quite prepared to admit that there might be special hospitals that were unnecessary, and a few to which the term 'private adventure hospitals" might be applicable, declared that most which he had known had risen out of the force of circumstances, either from the want of accommodation in the general hospitals, or from the restrictions which are there placed upon the specialist in the treatment of his cases. As an instance of such restrictions, it was mentioned that in some general hospitals a specialist physician is not allowed to perform operations on his own patients, but has to hand them over for that purpose to the hospital surgeons.* The jealousy with which specialists are said to be regarded in the general hospitals is, in short, one of the chief arguments of those who advocate special ones. The existence of any such jealousy was, however, denied by other witnesses.

Barnes, 13721, 13728-36, 13742-5 13793-6. Mercer, 19236-7.

19309, 19438, 19445-51, 19589, 20969.

Carter, 16095.

"301. *Special Hospitals too small.*—The expenses of these very small hospitals must be disproportionately great as compared with the larger ones. The public, therefore, it is argued, waste their money in subscribing to them.

Hardy, 1107, 1120-1, 1143-4; Waterlow, 2573; Ord, 11282; Carter, 16121-3.

"302. *Funds drawn away from General by Special Hospitals.*—It was said that the general hospitals were better supported 20 years ago, and that the growth of special hospitals within that period has drawn away their funds. There would be no reason to discourage special hospitals if they were provided with endowments sufficient to maintain them, but it was undesirable that they should be allowed, by appealing to the public, to divert funds from more deserving institutions. The secretaries of the special hospitals are said to be much more active and enterprising. One witness, however, was of opinion that the public had been less liberal during the last 15 years; more than one that the argument of the diverson of funds was exaggerated, and that the creation of new hospitals did not really very much interfere with getting subscriptions to old ones.

Hardy, 1140-2, 1147; Bousfield, 1282; Buxton, 8749; Allchin, 15404; Carter, 16117; Fenwick, 19968.

Mackenzie, 2142, 2262-4; Mackenzie, 9145-50; Barnes, 13746; Brown, 25542.

"303. *Medical Schools injured by Special Hospitals.*—That the general hospitals are not able to provide sufficient material for the study of particular diseases used as an argument both by the opponents of the special hospitals, who say that their patients are drawn away from them, and also by the specialists themselves, who point to the fact that students come to them from the general hospitals as proof of the inadequacy of the instruction there obtained, and of the superiority of the special hospitals. The rejoinder to the latter argument is, that if the special hospitals did not exists the special departments of the general hospitals would be made larger and more useful for purposes of medical training.

Hardy, 1058; Carter, 16094, 16119-20. Brown, 4693; Barnes, 13727.

"304. As regards some forms of diseases, it was thought that the cases were numerous enough both to provide instruction to the students in general hospitals, and to fill the wards of a special hospital as well.

Fowler, 17753-4.

"305. *Special Hospitals Inferior in Treatment of Patients.*—One possible cause of defect in the treatment at special hospitals is their isolation from general practice, and the danger of a tendency to adopt a single point of view in approaching a case. That defective treatment did actually ensue from these causes was the opinion of at least one witness. Another point in which it was thought the special hospital was at a disadvantage was the absence of students. Nothing, it is said, is so valuable a stimulus to a physician, who has to deal with a large number of cases, as the presence and the inquiries of a class of students; nothing is so good an antidote to the hasty diagnosis resulting from weariness and a long-continued routine.

Clark, 9678-9. Carter, 16094.

"306. *Special Hospitals rendered unnecessary by special departments of General Hospitals.*—It was said that many of the older special hospitals had been very valuable institutions; but that the necessity for them was wholly, or to a great extent, removed by the growth of special departments in the general hospitals. Some witnesses appeared to think that all diseases could be best treated in a general hospital, and that the accommodation in the general hospitals would be sufficient for all persons who were really entitled to charitable relief. It was not that the experience of a specialist in any particular disease or operation was undervalued, but that this experience could be more profitably utilised in the special department of a general hospital than in a special hospital. A witness quoted the words of Professor Virchow, 'that no speciality can flourish which separates itself entirely from the common source of science; that no speciality can develop fruitfully and beneficially if it does not ever and anon draw from the common fountain, if it does not take the other specialities into account, and if all the specialities do not mutually assist one another.' The danger indicated in these words is precisely that into which, it is said, the special hospitals in London have fallen. 'They are guilty of magnifying the complaints with which they have to deal.' To put the point somewhat baldly, the tendency of the specialist is to find his particular disease in every patient who comes to him. On the other hand, the appropriation of certain diseases by specialists tends to make the general practitioner neglect their study and treatment, regarding them as outside the sphere of his practice. It was, however, the prevalent opinion that those who were generally opposed to the special hospitals that there were some diseases for which such hospitals could usefully be appropriated, and that some of those existing were doing such good work that it would be undesirable to interfere with them.

Steele, 288; Holmes, 696-7, 700; Waterlow, 2570-3, 2685, 2710-1 Bennett, 4271-4; Allchin, 15404; Curnow, 19018; Burdett, 25796; Cannon, 20673-5; Burdett, 25795-6

Clark, 9678-9. Fardon, 13047-9; Armitage, 19512.

"307. A point

* A particular case of this was admitted by a witness from one of the general hospitals (Allchin, 15413-4).

Carter, 16095-7, 16106-14.

"307. A point particularly insisted on is, that the special hospital, remaining as a survival after its period of utility has passed away, not only absorbs valuable funds and material for teaching, but wastes, to a great extent, the services of eminent men, whose skill and experience would be more profitably bestowed in a general hospital. It is admitted that new processes of treatment, while they are in their earlier and tenative stages, must be in the hands of a few men, and are then outside the sphere of general practice. That is the period of usefulness for the special hospital. But, when the stage of experiment and investigation is past, it is of the utmost importance, in the interest both of sick and of medical science, that the approved results should be absorbed in general practice, and cease to be regarded as a speciality. The difficulty of at once retaining the usefulness and destroying the abuse of special hospitals was not denied; and this, it was thought, was one of the problems which could be solved only through the agency of a central board of control. But, if the problem were insoluble, it was thought that more advantage would result from the abolition of special hospitals (with some exceptions) than from their retention. The progress of discovery might be retarded, but it would not be less sure; and, at all events, its results, when gathered, would be fully utilised.

Williams, 17647-8.
Barnes, 13726.

"308. Other witnesses appeared to take an exactly opposite view, and to think that the need for special hospitals was at the present time as great as, or greater than, it used, to be; that if the general hospitals had, in the first instance, opened special departments the need for special hospitals might never have arisen; but that now they had grown into such importance that it would be impossible to do without them. This argument would, however, appear to apply chiefly to the larger special hospitals, which are not so much the direct objects of attack as the small ones.

Mackenzie, 9151-5.

"309. A member of the medical staff of the London Hospital, who was in charge of a special department, did not share the strong feeling against special hospitals; he considered that there was room for both, and that special hospitals gave increased educational opportunities for the study of particular diseases.

Arguments in favour of special hospitals.

Mackenzie, 2116-7, 2167, 2205, 2210, 2275, 2293, 2306-7; Anderson, 16504; Fowler, 1734-6; Armitage, 19521-4; Fenwick, 20002-4.

"310. The advocates of the special hospitals had two main arguments, in addition to that founded on the professional jealousy to which the specialist is alleged to be exposed. In the first place, they denied that the general hospitals were so successful as the others in the treatment of their patients. The governing body, in is said, of a general hospital do not take the same interest in any special department as is shown in a special hospital, and are not so liberal in adopting improvements. The unwillingness of the general hospitals to advance is, in fact, what mainly forced the special hospitals into existence. When the latter has proved its value, and advanced the practical treatment of disease in its own particular line, then, and not till then, the general hospital sets up its special department. If these special departments were organised on a grand scale, with all the advantages that are now monopolised by the special hospitals, then it was thought the latter could be dispensed with; but this has never hitherto been done, and the structural arrangements of most of the existing hospitals do not easily adapt themselves to the exigencies of special departments. Then it is said that the medical men in charge of the special departments have themselves derived their instruction in special hospitals, and that students go from the special departments to the special hospitals to complete their studies; so that to abolish the one, because of the existence of the other, would be both unjust to the specialist and injurious to medical science.

Hardy, 1132, 1145.

Brown, 4693.

"311. A general hospital, it was also said, is sometimes structurally at a disadvantage in carrying out the special treatment required in certain diseases.

Fenwick, 19932.

"312. A piece of evidence directly bearing on this matter was furnished by one medical witness attached to both a general and a special hospital, who said that he sent some of his cases from the former to the latter, because he could not deal with them at the general hospital.

Barnes, 13727-8; Smith, 20839, 20853-4, 20864-5.

"313. The other leading argument of the specialists is, that there are diseases which the special wards in general hospitals are altogether inadequate to accommodate, and that, therefore, an outlet has to be found outside. From this point of view it is simply a question of accommodation.

Utility of some special hospitals.

Hardy, 1056; Bennett, 4269; Brown, 25546.
Brown, 25547.

"314. Some few witnesses appeared to consider the special hospitals as altogether an evil, or at least that it would be an advantage if the great majority could be closed. It was, however, almost universally admitted that some exceptions must be made, but there was a good deal of difference of opinion as to the precise nature and extent of the exceptions. It seems to be agreed that separate accommodation is necessary for lying-in cases, and for infectious and venereal cases, though some witnesses thought the latter class were not fit objects of charity and should be provided for by the poor-law. Speaking generally, the classes of diseases the treatment of which in special hospitals was most favoured, were (*a*) diseases which were so prevalent that the accommodation in the general hospitals was insufficient for them; and (*b*) diseases of a chronic or incurable nature, which the general hospitals do not take, except for temporary treatment. The applicability, however, of these two heads of exception to particular diseases or classes of patients, was a matter of dispute. Ophthalmic hospitals, orthopœdic hospitals, hospitals for women, for children, for incurables,

Curnow, 19017.

Holmes, 701-3, 707; Hardy, 1060-71, 1136-8; Bousfield, 1284-6; Mackenzie, 2140; Brodhurst, 4190; Clark, 9682-8; Ord, 11272-88; Fardon, 13044-6; Gould, 13149-57; Barnes, 13748-53; Allchin, 15407-9; Anderson, 16505; Michelli, 17945; Smith, 20866-71; Moore, 10757-60.

incurables, hospitals for consumption, for cancer, for paralysis, for the ear, for the throat, &c., were all in turn advocated by some witnesses, either on one of these grounds or because the cases which they treated were alleged to be unsuited for general hospital treatment, and most of them were either condemned or considered unnecessary by others. Some special hospitals, though in principle held either to be from the beginning unnecessary or to have survived the causes which justified their establishment, were admitted to be doing such good work that it would be undesirable to interfere with them, though it would be most desirable to prevent the growth of others like them.

Difficulty of providing accommodation in general hospitals.

"315. A point, however, which some witnesses who advocated the transfer of patients from special hospitals to special departments in general hospitals do not seem to have fully realised, is the difficulty of providing the accommodation necessary for enlarging the existing special departments and opening new ones. It is difficult to see how some of the existing general hospitals could provide for all their special cases without a tendency to grow to the dimensions of a certain great continental hospital, which was said to be the largest and (to quote a suggestion offered to one witness and adopted by him) "the worst" in the world.* The objections to very large hospitals have been already stated.†

Proposed affiliation of special to general hospitals.

"316. The only way by which the desired object could be attained would seem to be the affiliation (if that were possible) of special to general hospitals. Mention has been made of the waste of power resulting from the existing absence of co-operation between the various institutions for the relief of the sick; and a single instance has been referred to of co-operation between a general and a special hospital.‡ Several witnesses spoke in favour of some system of affiliation which would provide a common field for instruction, by admitting the students of a general hospital to the special hospitals in the neighbourhood.

Bousfield, 1500; Fenwick, 19955 Smith, 20824; Brown, 25575–6.

Mackenzie, 2252.

"317. A witness from a special hospital thought that an obstacle (he did not say an unsurmountable one) to affiliation would be the fear of the specialists lest their individuality should be lost, or their speciality treated in a less liberal way; but another thought that it was the general hospitals which held aloof. One witness seemed to think it inexpedient to alter the existing system, although if the whole hospital system were being started anew it would be desirable to group special departments round general hospitals. And it was admitted by a witness coming from a special hospital that there would be advantages in affiliation if the difficulty of securing a satisfactory managing body could be overcome.

Smith, 20826–7. Fowler, 17752.

Smith, 20372–4.

Fenwick, 19956–65.

"318. It was thought that some form of affiliation might be secured by means of a system of licensing for special hospitals, and by keeping some control over the appointment of their medical officers, so that only those might be chosen who would be willing to co-operate with a general hospital.

Proposed restrictions on new hospitals.

"319. Whatever exceptions might be made in favour of institutions now in existence, there was a considerable weight of opinion in favour of placing some check on the growth of new special hospitals. The proposals for the establishment of a central body with greater or less powers of control have been referred to. One of the most important of its functions would, it was hoped by many witnesses, be that of licensing or registering new hospitals, or expressing in some form or other its sanction to, or dissent from, their establishment. The exact nature of the limiting power was not agreed upon. Some witnesses appeared to contemplate an absolute and peremptory prohibition on the opening of any hospital until a license had been obtained; in short, that the proposal to set up a new hospital should be treated in much the same way as a proposal to open a new public-house. It was also proposed that the promoters of a new hospital for which it was intended to collect subscriptions from the public, should be required to prove, first, their *bona fides*; secondly, the necessity for its establishment and the suitability of the building and site selected; and, thirdly, their competency to provide the necessary funds. Another proposal was to render void any bequest by will in favour of an unlicensed hospital, but it seems not to be quite clear whether that was not merely part of the larger proposal, viz., total prohibition. It was also proposed that no unlicensed hospital should be allowed to appeal to the public for money. Another witness considered that special hospitals, whether they were good or bad, were not proper objects of general charity, but ought to self-supporting, and that nothing should use the word "hospital" except under license from a licensing body composed of medical men.§

Steele, 365, 464–5; Browne, 3802; Brodhurst, 4197; Buxton, 8750–1, 8801; Bousfield, 1280; Ryan, 14678; Page, 14790–800; Morris, 14832–6; Allchin, 15403–6; Carter, 16125; Michelli, 17940 Armitage, 19514, 19549–55; Dowse, 19613–8, 19655–63; Lucas, 20195–6; Corner, 24845–8, 24868; Brown, 25554, 25563; Burdett, 25792–803.

Morris, 14835.

Burdett, 25792; Lucas, 20215–25. Steele, 468–70, 592.

Michelli, 18066–70; Corner, 24848. Fenwick, 19956–74, 19979–20000.

Loch, 26173.

"320. The Secretary of the Charity Organisation Society was inclined to think that it would be enough if the supervising body reported publicly upon every new proposal for the establishment of a hospital, so that the public might be fairly informed concerning its merits. If that plan failed, it might be necessary to fall back on a system of licensing, but he would rather avoid that at the outset.

"321. In

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* Sir S. Waterlow thought the larger hospitals could find accommodation sufficient for the special departments (2683–4).

† Page cxxxix, § 236. ‡ Page cxl § 240.

§ One witness connected with a hospital which derived no part of its funds from charity, thought that the whole of the special hospitals might be made self-supporting (Forbes, 22611).

Objections to check on increase of hospitals.

Mackenzie, 2145-51, 2248, 2277.

"321. In opposition to the proposal to check the increase of these hospitals it was said, that although some of them may not absolutely be needed, yet they all do good, that it is a question of free trade, and if a hospital is not conducted properly it will by-and-bye cease to exist.

Waterlow, 2609-10, 2681, 2767.

"322. A witness, who considered that the starting of small hospitals was very much to be regretted, feared that any forcible means which might be taken for their repression might check the flow of voluntary contributions from the public. The Hospital Sunday Fund does not withhold its subsidies from the special hospitals, but it is said to be object of the fund to influence people rather in favour of the general hospitals.

Barnes, 13774, 13807-10.

"323. One witness thought that if any restriction on the establishment of hospitals had been in force 30 years ago, it would have stopped the development of many useful institutions now existing; and as regards the opposition to very small hospitals, he urged that most large ones had started from small beginnings. A witness from the Homœopathic Hospital was also apprehensive of the effects of any such restrictions, in consequence of the jealousy of the medical profession for anything new.

Morgan, 22503.

Particulars of some special hospitals.

"324. Some details respecting a few of the special hospitals are added:—

"*Brompton.*

Dobbin, 17299-613.

"325. The Hospital for Consumption and Diseases of the Chest, Brompton, was founded in 1841; it has accommodation, in the old building, for 184 in-patients, and in the new extension building for 137; 321 in all; and it has a daily average of 300 occupied beds.

"326. An annual court of governors is held in May, and there are three other general meetings during the year, open to all the governors and to the press. The chief executive authority is the committee of management, consisting of the president, treasurer, and chaplain, 25 members elected at the annual court, and the whole medical staff numbering 16, but the medical officers, though members of the committee of management, have no voting power on it. The committee appoints a chairman and vice-chairman, meets once a week, and has a quorum of three; the average attendance is five or six (including generally one or two medical members), and on special occasions many more. All the books come before the weekly committee, and are signed by the chairman, but the examination in detail of those relating to finance and expenditure is regarded as being rather within the province of the finance committee, which meets every month, and makes quarterly returns to the committee of management; cheques are signed by the chairman and another member of the committee of management, and countersigned by the secretary. The accounts are audited every quarter by five auditors elected at the annual court; there is no professional audit.

"327. The contracts are made by the committee of management, but there is no public advertisement for tenders, the tradesmen to whom invitations to tender are sent being ordinarily selected by the secretary or his clerk; the steward is responsible for taking in the supplies in good condition.

"328. The secretary is the general acting head of the hospital, but the internal management of the wards is under the resident medical officer, and the secretary does not appear to have any authority over the medical or nursing staff. Any question of discipline affecting a medical officer would be brought before the medical committee; that body meets every fortnight, and anything relating to the medical department is referred to it.

"329. Two house visitors are appointed every month; and there is a lady visitor to each ward.

17390-8, 17536-9, 17568.

"330. The year's expenditure amounted to 24,495 *l.*; a sum of 1,430 *l.* was paid for patients sent to convalescent homes. The income included 1,130 *l.* from ground rents and other rents; dividends, 3,590 *l.*; annual subscriptions, 8,050 *l.*; donations, 5,206 *l.*; legacies, 9,594 *l.*; Hospital Sunday Fund, 1,562 *l.*; Saturday Fund, 662 *l.*; "incidental receipts," 3,549 *l.* (the bulk of which is derived from the private nursing institution) The annual average of legacies for 10 years was 14,900 *l.* Most of the invested property can be disposed of as required.

Williams, 17633, 17640. Curnow, 19019-22.

"331. There is an elaborate, and it is said very efficient system of ventilation, which was described, the vitiated air being drawn up by flues into towers, heated by hot-water pipes, at the top of the building.

Williams, 17619-27; Fowler, 7719-23.

Williams, 17638-40, 17648, 17694; Smith, 20848.

"332. The functions of the hospital are confined to the treatment of diseases of the chest and heart; about 70 per cent. are consumption cases, other diseases being only incidentally treated. In-patients remain, on an average, about 65 days, which is much longer than at the general hospitals. The necessity for the hospital arose from the fact that the general hospitals did not take consumption cases, and even at the present time

time many do not take them, nor have they the means (it is said), or the necessary accommodation, or the appliances for treating them with equal success. The death-rate at Brompton is 14 per cent. on the whole, and 17 per cent. for consumption. At St. Batholomew's the mortality in consumption cases was said to be 54 per cent.; and at Guy's 50 per cent.

"333. There is no regular school attached to the hospital, but arrangements are made for the admission of students, and lectures are given to graduates as well as students. At the present time the pupils appear all to be men already qualified for practice. Williams, 17642-5; Fowler, 17731-3.

"334. Nurses are regularly trained, and a considerable income is derived from those who are sent out from the hospital. They are sent for a time to other hospitals to learn their duties in general medical and surgical cases.

"*London Fever Hospital.*

"335. This institution was founded in 1802, and from that time till 1871, when the hospitals of the Metropolitan Asylum Board came into being, it really did the whole fever work of London. The government is in the hands of the whole body of governors at the yearly meeting, of a committee which meets monthly, and of the house directors who are appointed from the committee, and meet weekly or fortnightly. There is a paid secretary, and resident medical officer. Balfour, 21519-64. Christie, 21565-635. Hopwood, 21636-709.

"336. Until after the establishment of the infectious hospitals under Gathorne-Hardy's Act, the London Fever Hospital took in patients free of payment. This, however, has since been found to be neither necessary, nor indeed practicable, since the establishment of new hospitals produced a great falling off in the subscriptions. Payment is still remitted in individual cases of necessity; but the system is one of payment on two scales; the 'ward patients' paying three guineas for the whole case; and the 'private patients' the same amount per week, with the same food, medical attendance, and nursing as the others, but a private room. The families and servants of governors are admitted free, and special contracts are made with commercial houses, hotels, &c. The private patients pay rather more than the cost of their treatment, and the ward-patients about one fourth. The average length of treatment is six weeks. In three years 334 doctors, nurses, and patients from other hospitals were received as patients. Balfour, 21520-3, 21544-52, 21558-60. Christie, 21575, 21607.

"337. The expenditure for 1890 was 8,480 *l.*, and the receipts were 13,390 *l.*, comprising donations, 2,655 *l.*; annual subscriptions, 3,582 *l.*, from householders, firms, clubs, and hotels; Saturday Fund, 50 *l.*; Sunday Fund, 468 *l.*; fees from patients, 2,447 *l*; dividends, 1,890 *l.*; legacies, 1,003 *l.* (the last item being about equal to the average for the last ten years). Christie, 21570-4, 21593-606.

"338. The number of beds is 200. Patients from within a certain distance can be brought in an ambulance sent from the hospital. They are retained, on account of the infection, longer than is necessary for the purpose of their own health, and might well be sent in times of pressure, under proper precautions, to a convalescent home, so as to make room for others in the hospital. Christie, 21584, 21606-12. Hopwood, 21661-88.

"339. The rate of mortality is considered by the medical staff to be very low, and the hospital itself to be in a healthy condition, and no complaints appear to be made of infection being conveyed from it.

"340. The nurses are engaged on a three years' agreement; their health is said to be good, and not one has died within the last 10 years. Their number is a few more than 20. Hopwood, 21642-6, 21656.

"341. Medical students are admitted. Hopwood, 21693.

"*Lock Hospital.*

"342. There is one Lock Hospital in London. It was founded in 1746, and is now divided into separate departments, the female, with 140 beds, in the Harrow-road, and the male, with 20 beds, in Dean-street, Soho; the female out-patient department is also in Dean-street, where females are admitted on different days from the males. The female hospital building contains also a rescue home, with accommodation for 70. The average number of occupied beds in 1890 was 100, on the female side. The funds are said to be insufficient to fill the whole hospital; but, as a matter of fact, it seems that the applications for admission do not exceed the numbers taken in; indeed it is said that cases are seldom refused admission. There appears to be considerable reluctance to come in. A certain proportion of the cases are received from the poor-law infirmaries, from the country as well as from London, at 16 *s.* a head per week, and the general hospitals are sending in cases to an increasing extent. Under the fortnightly board, which manages the whole institution, there is a ladies' committee for the female hospital and the home. The secretary has a general control over the establishment. Coote, 17009-298, 18320-78. Shillitoe, 18213-319.

" 343. In 1890 there were 731 female in-patients admitted, and about 230 male. There were also 3,278 male, and 415 female, out-patients, all new cases. The opening of the out-patient department in the evening has greatly increased the number of male attendances; it has also brought in an increased grant from the Hospital Saturday Fund. The cost of a bed was estimated at from 40 *l.* to 45 *l.* a year at the female, and about 60 *l.* at the male hospital; the expenses for nursing are low, as most of the patients are able to assist the nurses. The year's expenditure was between 5,000 *l.* and 6,000 *l.*, besides 2,300 *l.* for the home, but there is at present an annual deficit (reduced from time to time by special appeals) of about 2,000 *l.*, and a total debt of more than 4,000 *l.* Voluntary contributions from out-patients (chiefly males) came to 1,163 *l.* for the year, there being no compulsory payment.

" 344. It is said that many patients (43 per cent. in the ward appropriated for prostitutes, and 31 per cent. in the whole hospital on the female side) leave before they are cured or sufficiently relieved; there is no power to detain them, and a member of the medical staff thought the prevalence of the disease had increased. Occasions like the Derby week will always induce some women to go out, and one who is inclined to go will often persuade others to do the same. A case was mentioned of a girl going out to be married, in spite of all remonstrances, with the disease full upon her. The secretary of the hospital, who did not appear to be altogether in favour of the Contagious Diseases Acts, was nevertheless of opinion that there ought to be a modified power of detention, and the same opinion was held by other witnesses; a member of the medical staff thought the absence of such a power a very great misfortune to the nation at large. On the other hand, there is the danger that such a power would deter people from seeking admission. The average period of treatment required is seven weeks; but in some cases it is much longer. Considerable success is claimed for the rescue home; women are not received into it until they are relieved; they remain for a year or longer, and it is said that one-fourth of those who pass through it are permanently rescued. They go into service, and the committee take pains to keep touch with them.

" 345. Medical men are admitted to see the practice, but not students.

" *Royal Hospital for Incurables, Putney.*

Andrew, 24972-4, 24976-7, 24980, 25121-3.

" 346. This hospital was founded, 1854, by public subscription. The secretary, who has filled that position from the commencement, receives a salary of 500 *l.* net. There are 218 inmates; 38 men, 180 women. Pensions of 20 *l.* per annum are allowed to poor people in any part of the country, to the amount of 11,000 *l.*, the pensioners being elected from the catalogue of names.

24983-9.

" 347. The management is as follows. An annual meeting of governors (who are qualified by half-guinea subscription per annum, or a single donation of 5 *l.* 5 *s.*); all governors may attend. There is no quarterly meeting, but half-yearly meetings are held

24990-5.

for the election of candidates for in-door and out-door relief. There is a board of management consisting of 20 governors, with a quorum of five; from this board is appointed a house committee. The board sit once a fortnight; the house committee once a week; six or seven usually attend. The business is to take cognizance of all principal matters in connection with the institution; they interview and receive reports from the matron, who is the principal officer, and the steward.

25076.

" 348. The secretary had known it occur several times that one of the committee had inspected the food and had found things to be remedied.

25299.

" 349. Individual members of the committee occasionally visit the dinners; these visits are said to be so occasional that an average could not be given off-hand, but (the secretary thought) quite twice a year; he thought it would be unreasonable to call gentlemen from their houses to do what they would not have time to do.

25010, 25351-60.

" 350. Books are laid before the committee and seen and signed; they do not go over each item; there would not be time. Other duties of the committee are to hear reports from the medical officer and from the sea-side home, and request for leave, and to examine the staff gate book. The reports are in writing, and are read to the committee.

24996, 25099, 25135.

There is no visiting committee, but governors living in the neighbourhood do visit; no written report is made by such visitors; though there are no fixed visiting governors, the institution, the secretary said, was always open to the public and the governors; the house was freely open to everybody.

Burdett, 25708.

" 351. Mr. Burdett, on this point, said that this was the only institution he had ever had any trouble in getting permission to enter; every impediment was placed in his way in ascertaining on what principle the institution was managed internally; for some time he was refused a plan, but he ultimately received one. Permission was denied to himself, his architect, or his secretary, to enter the building; his experience in regard to this institution was unique. Even in Russia they gave him greater facilities for entering a hospital than he could get from the Royal Hospital for Incurables at Putney.

" 352. The

"352. The following extracts are taken from the secretary's evidence. A patient may write a complaint to the chairman; a complaint may be put in the matron's book of requests; a patient may desire a visit from one of the committee. The matron is German, and has a salary of 200 *l.* with board and lodging; she was trained on the Nightingale system, and was at one time in Sir P. Dunn's Hospital in Dublin. No advertisement of the vacancy was made at the time of her appointment; she was introduced by one of the members of the committee, having been a governess in his family; it would be libellous to say she had a terrible temper, but she can exhibit temper; a complaint was made two or three years ago of her speaking violently to a patient, and she pleaded an extremely irritating cause. The matron is supreme in the absence of the committee and secretary, but the secretary does not claim any authority in the house. The matron receives reports from nurses as to the patients; she selects, engages, and dismisses the nurses, and reports to the committee; it practically did not happen that the nurse appealed from the matron to the committee; any offence would be dealt with off-hand by the matron. The matron is, principally, responsible for the ventilation of the wards.

Andrew, 24502. 25216–17. 25218–9. 25235–7 26018. 25044. 25255. 25164.

"353. There is no nursing committee. There are two grades of nurses. Those of the first grade, in all five of them, are trained nurses, three on duty by day and one by night. In the second grade the nurses are untrained, but have some notion of nursing; they are regarded as attendants on the patients. The witness did not consider more trained nurses to be required. There is only one trained nurse in charge of one corridor of 40 beds by day; by night, one night nurse and two assistant nurses for the whole female side.

25042. 25026.

"354. No nurses defaulters' book is kept. The nursing is entirely under the matron.

26253.

"355. There are male attendants, mostly old soldiers, who have been employed in lunatic asylums; they are mostly employed in lifting patients.

25035. 25064.

"356. The number of women is 180 to 38 men. There is no committee of female governors; the suggestion had been made, but the witness considered patients might be a little injured by over sympathy; he thought a ladies' committee would be objectionable, and a thoroughly skilled matron would probably not please a ladies' committee.

25055. 25101.

"357. A matron would probably not submit to the supervision of a committee of ladies. The witness admitted that a committee of ladies would probably discover much about the matron, and the management, of which he was now ignorant. He did not agree with Miss Twining's opinion that a matron who did not like a ladies' committee was worth nothing.

25140. 25134 25213–5.

"358. The steward receives 150 *l.*, and board and lodging; he takes in the provisions and issues them, and has to do with the male servants.

25065.

"359. Food is contracted for; the contracts are made on the recommendation of the finance committee; the tender is not open, but a select number of tradesmen are sent to, and the witness considered that experience was against issuing tenders broadcast. The meat contract had been for some years in the hands of one man, and previously the contract was given alternately to him and another man. He had compared the prices paid with other institutions, but not frequently.

25068–73.

"360. There is a large kitchen garden, which does not supply all the wants, and the deficiency is made up by purchasing. Eight cows at present out of 10 are in good yield. The milk only is supplied, and is considered sufficient; no butter is made.

25087. 25092.

"361. The drains were the steward's business; he was not a sanitary engineer, but, if necessary, would consult the architect, who would know as much as any architect about drains.

25168–79.

"362. The medical officer receives 200 *l.* per annum, and is non-resident; a resident medical officer would not find sufficient to do. His reports are not filed, but he keeps the history and treatment of any case coming in; he takes outside practice; if engaged when wanted, his partner would come, but this seldom occurs.

25272–4. 25286.

"363. There is a consulting staff. There is no paid chaplain, but voluntary service is performed from outside; the witness thought that a paid chaplain would lead to denominational difficulties.

25346.

"364. A letter was put in from the Duke of Portland, relating to complaints, and desiring an explanation, after presiding at a function at the institution. His Grace's complaints referred to food, want of supervision, management, time of patients' meals, and chaplaincy.

Appendix I.

"365. The points were replied to seriatim, after which no further communication was received from the Duke. The management therefore considered the replies were satisfactory. One striking discrepancy in the reply occurs. The management state that the meat contracts are open to competition, whereas Mr. Andrew stated such was not the case.

Andrew, 25070.

25394. "366. In regard to the complaints and reply, the following evidence was given. An investigation is stated to have been made; no sub-committee was appointed for the purpose, but the house committee went into the matters on the spot. The evidence of the matron was taken, but the witness could not charge his memory as to others. He did not think it a case where evidence was necessary, and he considered the points were fully and fairly dealt with.

25107.

	£.
"The receipts for the past year were - - - -	44,509
"Expenditure (including pensions, 11,129 *l.*) about - -	28,000
"Balance - - -	£. 16,509

"DISPENSARIES.

"367. There are several kinds of dispensaries:—

"1. Provident.
"2. Free or part pay.
"3. Private.
"4. Poor law.

"368. The second of these classes, and generally to some extent the first, receive charitable support. Dispensaries belonging to the third-class are worked by doctors, in the way of business, and this class degenerates into what are known as "doctors' shops."

Bousfield, 1494; Fardon, 12983.

"369. Most of the dispensaries are for general treatment, but a few treat special forms of disease only.

"*Provident Dispensaries.*

Mackenzie, 2370–84; Waterlow, 2612–4; Corner, 24824–7.
Currie, 1718-19, 3123-4.
Browne, 3778, 3789.
Bousfield, 1454-94.
Vol. 1, Appendix C.
Holmes, 768-78; Hardy, 875-84; Alderson, 16665-6.
Montefiore, 37.

"370. The provident system, advocated by Sir E. Hay Currie, Mr. Bousfield, and other witnesses, has been worked in some instances with considerable success; but its development in London appears to have been checked by the free treatment given by the hospitals in their out-patient departments. Its fundamental principle is the payment of a regular periodical contribution in health and sickness, as an insurance of medical assistance whenever it is required. The principal organ for the promotion of the system in London has been the Metropolitan Provident Medical Association, a body which since its foundation in 1880 has opened and keeps open 15 dispensaries in different parts of the town, out of a total number of 35 or more institutions of this class. The objects of the association are, first, "to provide, upon principles of mutual assurance, by means of small periodical payments, efficient medical treatment and medicine for those members of the working classes and their families who are unable to pay the ordinary medical fees;" and, secondly, "to co-operate with the governing bodies of the metropolitan hospitals in order that they may be relieved of the large number of ordinary cases of illness that at present overcrowd their out-patient departments, and also have referred to them from the provident branches cases requiring special hospital treatment or nursing, or which are suitable for clinical instruction." The success of the movement has not been such as its promoters anticipated. The hospitals have not encouraged it, though some of their members have viewed it with favour; the fears of the medical officers for their schools seem more than anything to have operated against it. On the other hand a number of inferior dispensaries, of the kind known as "doctors' shops," have done much to discredit the system.* Then there are many friendly societies in London which provide medical attendance for the workman, but not for his family; while others provide sick-pay, but no medical attendance. It was hoped that many of the friendly societies would subscribe on behalf of their members to the provident dispensaries, and this to some extent they have done. Most of the dispensaries started by the association have their own buildings; but a few take the form of medical clubs, the members of which visit the doctor in his own surgery, or, if they are too ill to do so, are visited by him at their homes. As a rule the dispensaries which have been placed near hospitals have not prospered, and it has been necessary to close several of them.

Barker, 16037; Cheadle, 20313–14.

"371. The system adopted by the Metropolitan Provident Medical Association is that each subscriber is entitled to choose his own doctor from the medical staff, and then one-half† of the members' contributions is distributed among the doctors in proportion to the

* A witness thought there was a public want of a properly organised provident scheme as a remedy for the mischief done by these very "doctors' shops." (Wallace, 21254, 21280.)

† The figures following appear to show that more than one-half of the subscriptions goes to the doctors. A provident club was mentioned where the medical men take two-thirds. (Kay, 4524–7). The doctors at the provident out-patient department of the Metropolitan Hospital are paid a fixed salary. (Currie, 1846.)

the number of patients registered under their respective names. The amount so distributed in 1889 was 1,915 *l.*, amongst 71 medical men, including dentists. Experience has shown that these dispensaries require time and a large number of subscribers before they can become self-supporting. It is roughly estimated that it takes from 200 *l.* to 300 *l.* to start a dispensary and maintain it for a time, until it approaches self-support. But the opinion was expressed that if the provident system is to be a success it must show its ability to hold its own, independent of charity. The number of persons entitled to treatment at the association's dispensaries are said to be over 25,000, and to be on the increase; and the payments in 1889 came to 3,066 *l.* The terms are :—1 *s.* on entrance, whether on a family or single card : then after four weeks the benefits of membership begin, and the contributions become payable at the following rates : single persons, 6 *d.* a month; man and wife, without children, 10 *d.* a month; children under 16, 3 *d.* a month each, not more than four in a family being charged for. Persons receiving more than 30 *s.*, or, in case of a family, 40 *s.*, a week are not generally eligible. Persons not being members, and requiring immediate attendance, are charged an entrance fee of 2 *s.* 6 *d.* which entitles them to attendance for the first week, and afterwards 1 *s.* a week at the dispensary, or 2 *s.* 6 *d.* at their homes. There is a midwifery fee of 21 *s.* and 7 *s.* 6 *d.* for a midwife. Special terms are allowed to friendly societies, and to any considerable bodies of working men joining together.

Lucas, 20203–4.

Loch, 26160.

Bousfield, 1478.
Hardy, 945–7 ; Montefiore, 1510.

"372. At some provident dispensaries there are two or more distinct scales of payment according to the earnings of the members, and the payment is sometimes as low as 1 *d.* a week, a sum which it was thought the very poor could afford, and would be willing to pay.

Montefiore, 104.
Currie, 1824–6, 3122.

"373. A committee formed of medical and lay members for the purpose of organising medical attendance, which was appointed in 1886, and of which Sir Spencer Wells was chairman, made certain recommendations with respect to the co-operation of these provident dispensaries with the hospitals, the chief of which were that the medical officers of the dispensaries should be entitled to send cases for consultation or treatment, and that the hospitals should be at liberty to retain any case so sent ; that the daily number of out-patients at the hospitals should be strictly limited ; that agents should be employed both by the hospitals and the dispensaries to inquire as to the circumstances of applicants for treatment ; that patients unsuitable for a hospital should be referred to a dispensary ; and that hospital students should be permitted, under suitable regulations, to attend the practice at the dispensaries.

"374. The objections raised by general practitioners to the out-patient departments of hospitals applied equally, in the opinion of some of them, to the provident dispensaries ; and, as has been already shown,* the provident out-patient department of the Metropolitan Hospital, which is in fact a provident dispensary attached to the hospital (and where the rates of payment are exceptionally low), was, more than almost anything else, the object of their attack. The answer of the promoters of the provident sytem was that by the application of the wage-limit to the applicants for admission to the dispensaries the interests of the general practitioner were sufficiently safeguarded ; and their contention would certainly appear to be supported by the evidence which was given concerning medical fees †. One witness, however, who had been attached as a medical officer to a provident dispensary, declared that he had come to a conclusion unfavourable to the system as it was actually worked, on the ground that many people were admitted as subscribers who were not properly qualified by their poverty for admission.

Woods, 1554, 1557 ; Bhabha, 3902–3, 3948–51.
Currie, 1760, 1852.

Currie, 1728, 1859, 1927–30, 1934–7, 3138, 3140.
Mackenzie, 2284.
Corbyn, 3666.
Kay, 4518–37, 4548–58.

Locke, 19793–9.

"375. Reference was made in a previous page of this summary to the crushing effect of the out-patient departments of the hospitals on provident dispensaries,‡ and to the existing want of co-operation between hospitals and dispensaries, § and to the slight success with which the movement in this direction has hitherto been attended. There was also a considerable weight of evidence in favour of the view that the provident dispensaries should stand in the place of the "family doctor" to the working classes, and should be affiliated to the general hospitals, so that the latter might take the place of the consulting physician. This scheme of affiliation was closely connected with that (already referred to ‖) of forming districts for medical relief, each district containing its own hospital, and affiliated dispensaries. The general hospitals seem never to have taken up the idea. There seems to be a feeling that it cannot be made to work unless the dispensaries are officered from the hospitals, and not from the profession outside ; but against this is the view that they ought to be in the hands of the general practitioners whose practice is affected by them.

1259, 1719, 3767–9, 16649, 1268–74, 1363–7, 1717, 1794–1800, 3133, 22299, 2042, 2109, 8745, 10015, 10436, 10636, 11240–3, 15426, 25834.

20314–5, 20324.

Kay, 4548.

"Free and Part-pay Dispensaries.

"376. It seems that in 1887 there were 39 of these institutions in London ; their number is said to have largely increased, and it is claimed for them, or at all events for some of them, that are doing a very great work ; and the secretary of one of the chief among them declared himself satisfied that those whom it relieved were unable not merely to pay a doctor, but even to contribute to a provident dispensary. It is needless, however,

Montefiore, 21, 27.
Faulkner, 21997–9, 22019.

* *See* page cxxxii. † Pages cxxxiii, iv. ‡ Page cxxxii. § Page cxxxix, § 239. ‖ Page cxl, § 241.

however, to repeat here that they are looked upon with disfavour, both as a matter of principle by some of the advocates of the provident system, and also (especially those which take small payments) as a practical and personal grievance by general practitioners, who complain of their loss of patients and diminished fees. There are said to be eight of these so-called "2 *d.* dispensaries" in the neighbourhood of St. Bartholomew's Hospital.

Bousfield, 1268.
Dawson, 25631–3, 25638–42.

"377. Evidence concerning the organisation and working of two of these institutions was taken from witnesses directly concerned in their management.

James, 21824–95.
Johnson, 21896–972.

"378. The first of these, the Westminster General Dispensary, situated in Soho, was founded in 1774. It relieved 4,600 patients in 1890, of whom 780 (living within half a mile) were visited at their own homes. Admission is by letter, without payment; the letters are given by subscribers, but a patient coming without a letter can buy one for a shilling; cases of great urgency and people of colour are treated free, without letter. A subscriber's letter admits to eight visits, a bought letter to four, but it can be renewed for an additional 6 *d.* The average number of attendances for a single patient is only about four; and the average cost of each patient is thought to be from 2 *s.* 1 *d.* to 2 *s.* 6 *d.* This dispensary is governed by a committee of 20, mainly tradespeople in the neighbourhood, elected by the governors, together with the senior physician and surgeon. It was thought that there were about 150 subscribers, and a guinea subscription entitles to 20 letters. No organised system of enquiry into the circumstances of applicants exists; it is stated on each letter that, "The bearer should be an industrious and respectable poor person (not in receipt of parish relief), who is unable to pay a medical man for advice and medicine;" and the onus rests on the giver of the letter to satisfy himself that it is properly bestowed. The senior physician fully admitted the obligation to avoid competing with the general practitioners; abuses, he thought, did occasionally, but not often, creep in, from a want of discrimination in the giving of letters. Home attendance is given only to those patients who live within half a mile and are too ill to come to the dispensary. The year's expenses are stated to be 490 *l.*, and the receipts 507 *l.*, comprising annual subscriptions, 208 *l.*; dividends, 80 *l.*; rents (from letting part of the building), 57 *l.*; grant from Sunday Fund, 36 *l.*; from Saturday Fund, 53 *l.*; payments by patients, 56 *l.* The medical staff consists of three physicians, three surgeons, and a resident medical officer, who receives 110 *l.* a year and lodging, and whose chief duty is to visit patients at their homes.

Faulkner, 21973–22071.

"379. It will be seen that the dispensary just noticed is conducted on the principle of admission limited by letter, and free treatment. The next one, the Royal General Dispensary, in Bartholomew Close, is a type of a part-pay dispensary. This was established in 1770 (the oldest in England); it was for many years entirely free; but since 1865 a charge of 2 *d.* has been made for a week's medicine; those who cannot pay it are advised to go to a poor-law dispensary. The managers are very desirous neither to interfere on the one hand with the medical profession, nor to take pauper cases on the other. Patients are required to bring letters of recommendation, this rule being only relaxed for urgent cases. Twelve letters are given for a guinea subscription. The annual expenditure is about 900 *l.*, the income about the same. The subscriptions for 1890 were 374 *l.*; donations, 86 *l.*; patients' pence, 113 *l.*; Hospital Sunday Fund, 52 *l.*; Saturday Fund, 22 *l.* The staff consists of two physicians, two surgeons, a consulting physician, a consulting surgeon, and a resident medical officer, the latter receiving a salary of 130 *l.* rising to 150 *l.* A new patient is first seen by this officer, who questions him and satisfies himself that it is a suitable case, before assigning him to one of the other members of the staff; and it is thought that the charity is little abused, though no systematic inquiry is made into the circumstances of applicants. The resident medical officer also visits patients at home, including infectious cases. Urgent cases are seen at all hours; 5,273 new cases were seen at the dispensary in 1890 (13,800 attendances); and 3,769 visits were paid to 1,015 patients at their homes. The average cost of a patient is estimated as high as 3 *s.* 4 *d.* The institution is managed by a committee of 24, elected by the subscribers, six of whom go off every year. The accounts are audited by two of the subscribers. It was the opinion of the secretary that the trouble of getting a letter, and the obligation to pay the 2 *d.*, kept away a great many trivial cases, and that the cases treated were, on the average, more serious than those in the out-patient department of a hospital. It was argued that the fact that these institutions could live beside the free out-patient departments, was a proof of the superior treatment which they offered.

Hardy, 817–27; Garioch, 4718.

Thomson, 4344–6, 4359–70.

Garioch, 4706–8.

"380. Admission to dispensaries of this class appears to be in general by letter only, except in cases of great urgency. In some cases the subscriber is entitled to a certain number of free letters, and of part-pay letters, and the medical officer may have power to remit the payment of 6 *d.*, or whatever it may be, in cases of extreme poverty. The duty to see that a case is a fit one for treatment rests with the giver of the letter. The tendency to abandon or at least to modify the system of free treatment in favour of the part-pay system, which has already been noticed in the hospitals, is also apparent in relation to the charitable dispensaries. The Tower Hamlets Dispensary, an institution of old standing, has adopted it of late, the charge to paying patients being 6 *d.* for the first and 3 *d.* for every subsequent visit. A proposal to extend the provident system to this

Thomson, 4371–3, 4435–44.
Garioch, 4704–29.

this dispensary was favourably considered, but at the last was thrown out by the general committee ; and a similar attempt seems to have been made, with the like result, in two other cases. Bousfield, 1271.

"381. It was said that the subscriptions to dispensaries of this class had fallen off very much in recent years. Bousfield, 1270.

"382. The Western General Dispensary was mentioned as treating over 25,000 people in the year, with a drug bill of only 265 *l.* Corbyn, 3682.

"Private Dispensaries.

"383. The private dispensary does not enjoy a very high reputation. It was spoken of in terms of strong disapproval by witnesses who approached the subject from the public or charitable point of view, and by the supporters of the provident system, who complained that it had brought discredit on the name of dispensary; while by some medical witnesses its existence was regarded as a mark of professional degradation, an injury alike to the sick poor and to the struggling practitioner, and (as already noticed) an indication of the straits to which the profession is reduced by the competition of hospitals and other charities. The advice given at these private dispensaries is, it is said, inferior ; indeed the fees charged are so small that it could not be otherwise; the patients have to be attracted by a system of advertising, and are sometimes treated by unqualified men acting as assistants to the doctor in whose name the business is carried on. One case was mentioned of a man having 25 dispensaries at once, but in this case it was not alleged that the assistants were unqualified. These places are said to have increased very largely in numbers in East London during the last 10 or 15 years. One witness, while not rating highly the character of the treatment given at them thought they were at least an improvement on the old state of things, when the poor used to be prescribed for at the druggist's shop; but another stated exactly the opposite, namely, that people are now driven to the druggist because the private dispensaries have been extinguished, mainly through the competition of the hospitals. A medical witness, who had himself kept a dispensary at Battersea, and who seems to have had a good deal of success in the venture, expressed himself as having been struck with the respectability of the patients and the readiness with which they paid their fees; in that case the very poor seem to have been in a minority.

Bousfield, 1458, 1488; Currie, 1761, 1795.

Alderson, 16646-7; Dowse 19702. Wallace, 21223-38, 21278. Woods, 1680, 1383-5; Bhabha, 3959.

Corbyn, 3668, 1370; Gould, 14853. 14861; Wallace, 21282.

Corner, 24828-32.

Kay, 4478-82, 4613-7.

Farmer, 3331-50, 3449-52.

"Poor Law Dispensaries.

"384. The establishment of poor-law dispensaries in London dates from 1870; there are now 44 of them. In 1890 nearly 120,000 orders were given to medical officers for attendance on patients, 53,572 being seen at their own homes, and 59,149 at the dispensaries ; and there were over 10,000 chronic cases having permanent orders. It is thought there are about eight attendances on the average on each order. In the larger parishes there are three of these dispensaries, and in most of the others two ; they are under the control of the guardians. They employ 158 medical officers at an average salary of about 115 *l.* The cost for drugs and appliances in 1886 was 7,000 *l.* The cost per patient (cost of drugs and salaries being included) is estimated at 4 *s.* 3 *d.*

Bridges, 23169, 23353-71, 23378-90, 3451.

"385. It has already been noticed * that the opponents of the out-patient departments of the hospitals look to the poor-law dispensaries to provide for the wants of the very poor who cannot either pay for their own doctor or subscribe to a provident institution. Favourable opinions were expressed of the quality of the treatment afforded at the poor-law dispensaries in London ; but it seems that at present the number of persons annually treated at all of them together (exclusive of those who are visited at home by the district medical officers) are little more than one-half the number of the out-patients at the London Hospital alone. It was alleged that there are medical officers at these dispensaries who do not get three cases a week ; in short, that these dispensaries are, in a sense, starved by the hospitals, just as the provident dispensaries are starved by them.

Hardy, 935-40, 948; Bousfield, 1266; Currie, 1794-6; Corbyn, 3648; Burdett, 25834.

Hardy, 920-1.

Burdett, 25807.

Hardy, 975; Bousfield, 1331.

"386. It was suggested that any great diminution in the charitable relief afforded to out-patients might have the effect of sending great numbers of people to the poor-law dispensaries, and thus throwing on the rates the cost of providing free medical assistance for many who were not entitled to it. But it was thought that, notwithstanding the fact that the receipt of medical relief under the poor-law did not carry with it any of the disqualifications usually attending the state of pauperism, the obligation to obtain an order from the relieving officer carried with it a stigma which would keep the poor-law dispensaries free from any great amount of abuse. At the same time one witness was of opinion that the objection to receiving assistance from the rates was gradually disappearing.

Hardy, 976-85, 1026-32; Currie, 1829-31.

Bousfield, 1332.

* Page cxxxiv, § 192.

POOR LAW INFIRMARIES.

"387. These institutions have been established under an Act of Parliament passed in 1868, known as Gathorne-Hardy's Act, before which time the accommodation provided by the poor law for the sick was in the sick wards of the workhouses. The number of the new infirmaries is at present 24, containing 12,445 beds; but a large number of sick people are still kept in the workhouses, the returns for 1890 showing about 4,000 occupied beds and 2,865 deaths in the workhouses, while 8,375 persons died in infirmaries. At least one parish is still without an infirmary separate from the workhouse, and some particulars respecting it will be given later on. Evidence respecting the general organisation and working of the infirmaries was taken from several medical superintendents, as well as from the Chief Inspector of the Local Government Board, and from Miss Twining, who, as a guardian, had given much attention to the subject.

Bridges, 23169-72.

Twining, 22640; Bridges, 23173.

"388. The infirmary in nearly every case is a separate building from the workhouse, and is not always situated in the union to which it belongs: the St. Saviour's Infirmary, for example, is at East Dulwich, and the Marylebone Infirmary is at Wormwood Scrubs. Dr. Bridges thought that inconvenience would result from the removal of the infirmary to any considerable distance from the locality which it served, both because of the difficulty of transporting large numbers of patients, and because of the dislike of the poor themselves to being removed far from their friends. The number of beds varies, but is in one case as high as 786, while there are others with over 700, and at times the wards of some of them are overcrowded. The medical staff of the largest consists only of the superintendent and one assistant (or at most two), who not merely have to attend to the medical wants of the patients, but are responsible for the whole management of the establishment in all its details, with the assistance of a clerk, dispenser, steward, and matron (sometimes also an assistant matron) as subordinate officers. This staff was considered inadequate by more than one of the superintendents; it was thought that four medical officers would not be too many, and that senior students or newly qualified men might also be usefully employed as clinical assistants; but others declare themselves well satisfied with the existing arrangements, or complained rather that the hours of duty were too long than that the actual work was excessive. The Government Inspector considered the staff extremely small, in fact insufficient.

Gross, 23452-628; Lunn, 23760-24063; Saville, 24170-399; Hopkins, 24400-507.

Bridges, 23391.

Bridges, 23185-7, 23301-3; Twining, 22798.

Bhabha, 3904-7, 3920, 3943-6. Dowse, 19678-83. Bridges, 23205-7.

"389. The salary of a superintendent varies from 300 *l.* to 500 *l.* a year. On his appointment he is usually a young man with a few years experience. His assistants are usually men who have quite recently passed their qualifying examinations. The chronic nature of a large proportion of the cases in these infirmaries is what makes it possible to do the work with so small a staff. Many of the cases are such as would under the old system have been treated at their homes by the parish doctor. Many patients are sent on to them from the general hospitals, either as being unsuitable for a hospital, or after receiving all the relief which can there be given; and at the infirmary, if they are incurable, they remain till they die. Sometimes a broken leg will be set at the hospital, and then be forwarded to an infirmary to complete the cure. The classes who are entitled to the use of these pauper institutions are, in fact, better provided for in this respect than the poor of a higher status, for whom, except in a few charitable institutions, such as the Cancer Hospital, and the Hospital for Incurables at Putney, no hospital accommodation is provided when they are suffering from chronic or incurable complaints. The poor, it seems, do not generally regard the infirmary as they regard the workhouse; they look upon it rather as a State-supported hospital; they come to the infirmary, are cared for, cured, and go out again, without feeling the taint of pauperism. Some of them (about 10 or 12 per cent., according to one witness) contribute to the cost of their maintenance; the guardians recover from them what they can. Many patients are artizans in receipt of good wages. It would seem, in short, from this point of view, that the excellence of the infirmaries and their separation from the workhouses are likely to exercise, and in fact do to a greater or less extent exercise a distinctly pauperising effect on the poor, keeping them away from provident clubs, and from the formation of provident habits. It is true that an order has to be obtained from the relieving officer and the district medical officer,* and this constitutes legally an act of pauperism, though it does not involve the civil disabilities which ordinarily accompany that state; but still it seems that under the present circumstances the stigma is hardly felt even by those to whom the idea of entering the workhouse would be in the highest degree repugnant. It was, however, the opinion of one medical superintendent that the discipline was too strict to admit of much abuse in the class of patients admitted, and that the infirmaries do not really interfere with the provident clubs. Another was less sure of this; but was confident that the infirmaries did not tend to promote *able-bodied* pauperism. At the same time there was a complaint of the difficulty of dealing with patients who misconduct themselves, and with those who go in and out, and will not remain to be properly cured. It was suggested that a limited power of detention would go far to put a stop to these inconveniences, and (as regards lying-in

Bridges, 23216-8.

Bridges, 23329-36, 23343-5, 23446-9; Waterlow, 2796-8, 2807.

Bousfield, 1332; Currie, 1832 1836-7; Barnes, 13817; Bridges, 23349, 23396. 23561-2, 23848, 24287.

23577-91, 23626, 23824-6, 23846-8, 23975-80, 24282-6, 24378-95, 24486-9, 24763-4.

24057-60, 22697-8.

* Urgent cases, if they appear to be paupers, are admitted without an order, and are investigated afterwards. (23950-69.)

lying-in cases) that they should be passed through the workhouse. Dr. Bridges, while of opinion that many people came to the infirmaries who would not have gone to the workhouse sick wards, believed that cases of the admission to the infirmaries of persons who could afford to pay for their maintenance and treatment were rare, and that the number of provident medical clubs had actually increased of late. 23340-2, 23349, 23,396, 23420-6.

"390. Some discussion took place regarding the treatment of very acute cases, and the performance of the more serious surgical operations at infirmaries; and it was urged, as one of the reasons for a more complete system of co-operation between the different medical organisations, that all such cases ought to be transferred to a hospital. In this matter there is at present no systematic practice. Some superintendents of infirmaries occasionally send a case to a hospital, and there seems no reason to suppose that the hospitals are reluctant to receive such cases; some superintendents operate to a great extent themselves; others are in the habit of calling in professional men from outside, both for consultation, and in some cases for assisting at important operations; and some boards of guardians occasionally will pay fees for such assistance. This, however, appears to be the exception, and there is no great difficulty in getting members of hospital staffs and medical men generally to come in and see the infirmary patients without payment. The need, however, of regularly employing the services of consulting officers in the infirmaries was urged by one witness, not with a view of introducing any radical changes in the existing system, or removing from the superintendent any part of his existing authority or of his general responsibility as head of the establishment, but in order to relieve him of a certain portion of responsibility in deciding on the performance of dangerous operations, and in the treatment of specially critical cases, a responsibility which, it was argued, ought not to be charged to the unassisted judgment of one man. The tendency of boards of guardians appears to be to discourage many reforms lest they should involve additional expenditure; but this proposal it was thought was not open to such an objection, since it would not interfere with the general position of the superintendent. Dr. Bridges suggested that the insufficiency of the medical staff (the existence of which he admitted (might be supplemented either by means of an honorary visiting staff for consulting purposes, or by the appointment of additional resident doctors to assist the superintendent, or again by the admission of a certain number of senior students to act as dressers and clinical clerks. Tait, 22353. Twining, 22772-82. Bridges, 23346. 23222-4, 23619, 23930-4, 24339-44. Bridges, 23205–

"391. One criticism passed upon the existing system is, that the responsibility of the medical superintendent for the general control of the whole establishment in all its branches is incompatible with the proper discharge of his duties as a doctor, and it was suggested that the infirmaries should be placed under lay superintendents. Birmingham was mentioned as a place where this system had been adopted and worked successfully. Dr. Bridges appears to have thought that unless the services of a thoroughly efficient consulting staff were obtained, it was undesirable to do anything which would lower the position of the resident medical officer. Twining, 22686-9. Bridges, 23373-5. Lunn, 23791-2.

"392. Notwithstanding, however, the objections and suggestions already mentioned, and certain proposals for reform which still remain to be noticed, the evidence on the whole appears to indicate a general recognition of the high standard of efficiency attained by the best of the new infirmaries, both in their structure and in their general arrangements and management. Some attention was directed to the question whether the accommodation afforded by them was sufficient in amount for the needs of the metropolis. It has already been said that a large number of the sick poor have still to be accommodated in the sick wards of the workhouses, many of the less severe cases being retained there; while in times of pressure these sick wards have to accommodate many sick people who are crowded out of the infirmaries. In some cases the superintendent of the infirmary is in general charge of the sick wards of the workhouse; but where the two buildings are far apart this is not found practicable, and a medical man is appointed to visit the latter as often as he thinks necessary. But in either case the medical supervision is less efficient in the workhouse, while the nursing is altogether inferior; the evidence clearly indicates the great superiority of the treatment in the newer institutions; and it was by several witnesses, including the medical inspector of the Local Government Board, considered desirable that means should be found of increasing the accommodation in infirmaries, so that they might take in large proportion of those who have now to be retained in the workhouse. Infirmaries efficient, but not sufficient. Montefiore, 203; Dowse, 19620; Twining, 22720-3; Burdett, 25705-7. Bridges, 23304-16. Bridges, 23392-3. Bridges, 23172-82, 23317-20, 23393-404. Bridges, 23317-20, 23341- ; Twining, 22801; Saville, 24294-5, 24351.

"393. This want of accommodation is seriously felt in some districts; the three unions of the Strand, St. Giles's, and St. James's, Westminster, for example, have only a single infirmary (the Central London Sick Asylum in Cleveland-street) among them, which contains no more than 264 beds, while Bethnal Green has none at all. Central London District. Twining, 22702-4; Bridges, 23178-86.

"394. The last-named union has been singularly unfortunate. The guardians have, it is said, long been contemplating the building of an infirmary, but hitherto they have not succeeded in obtaining a site. It appears that much local opposition was offered to the appropriation for this purpose of an open space which was considered eligible, and the Charity Commissioners have in consequence withheld their sanction to the sale. The medical officer of the workhouse expressed in strong terms his condemnation of the existing state of things. The clerk to the guardians spoke less strongly, but recognised the Bethnal Green. Knox, 24064-169; Howard, 24701-48. Bridges, 23394-5, 23407-9, 23438-40.

necessity of providing fresh accommodation as soon as possible, and admitted the serious extent to which the workhouse was now at times overcrowded. The evidence shows that the number of sick beds is 495; but the sick sometimes in the winter exceed that number by very nearly 100, for whom extra beds have to be put up, and additional wards have to be taken in from the workhouse proper.

Bridges, 23181, 23410.

"395. Strong representations of the necessity of taking action to supply these deficiencies have been addressed by the Local Government Board to the guardians, both of Bethnal Green and of the three unions contributing to the Cleveland-street Asylum.

Pressure on accommodation.

Bridges, 23296–7, 23411–7; Lunn, 23768; Saville, 24290–3.

"396. There is no system at the infirmaries, as there is at the hospitals, of keeping a certain margin of beds vacant to meet contingencies. The infirmary is used, in times of pressure, up to its full capacity, and is sometimes crowded with supernumerary beds. The Whitechapel Infirmary is said to have some 10 per cent. more patients than its proper complement; and the regulation allowance of 850 cubic feet of space per patient would in some cases be reduced to about 650 cubic feet. Boards of guardians can enter into voluntary arrangements among themselves for relieving one another's pressure; and this is done sometimes, but not very often.

Cost of Infirmaries.

Bridges, 23350–2. Dowse, 19729; Vol. 2, App. D. Hardy, 1180; Mackenzie, 2312–6. Bousfield, 1375; Waterlow, 2658–60.

"397. The average annual cost of an occupied bed in one of the infirmaties was estimated at 35 *l.* 17 *s.* 4 *d.* The great difference between this sum and the cost of beds in the general hospitals was used by some witnesses as an argument for inferring a great amount of extravagance in the latter institutions. It has already been pointed out that inferences drawn from the supposed cost of beds are not to be relied on, unless great allowance is made for several factors, the force of which cannot accurately be ascertained. In any comparison between hospitals and infirmaries, the expenses of nursing (so much heavier in the one than in the other), and of the medical schools, must in particular be discounted.

Bridges, 23278–89, 23405. Twining, 22715–8, 22732, 22773. Saville, 24018–20, 24366–71.

"398. Each board of guardians makes its own contracts for drugs and other stores; and the prices paid are said to vary very much. The food appears to be generally satisfactory. The medical superintendent appears to have a full discretionary power to order whatever he deems requisite for his patients, without any fear of being surcharged by the auditor.

Question of opening infirmaries to medical profession and students.

Montefiore, 193–211; Steele, 435–9. 445; Currie, 1741–2, 1749; Anderson, 16481.

"399. It remains to notice a body of evidence in favour of a reform which, though it was advocated rather in the interests of the public and of the medical profession than of the infirmaries themselves, would, it was thought, tend very materially to raise their efficiency, and to remove the complaints (already referred to) of the inadequacy of the medical staff belonging to them. The opinion was repeatedly and almost unanimously expressed by a great number of witnesses, both medical and lay, that by the exclusion of the medical profession and of medical students from the infirmaries a most valuable field of study and of practice was closed to them, and that their admission under proper conditions and limitations, to the infirmary wards could produce nothing but good results to medical science, the profession, and the public.

Prohibition on admission of students.

Waterlow, 2844; Bousfield, 1307, 1344–6; Currie, 1736–7; Clark, 9726–31; Morris, 14837–8; Barlow, 15975; Dowse, 19647–9, 19684–5; Twining, 22740–2, 22783–5; Bridges, 23211; Vallance, 24780.

"400. The existing prohibition on the admission of students is not found in the statute under which the infirmaries have been established, but was inserted in a subsequent Act, and every witness who was questioned on the subject professed himself unable to give any clear explanation of the reasons which led to it. The prevalent belief appears to be that a vague impression existed that the poor would object to the presence of a number of persons when their ailments were investigated, and that possibly abuses might arise in connection with the researches of experimental medicine. No evidence whatever was given in favour of there being any grounds for this view. The experience of the large hospitals does not seem to support it, and the evidence of witnesses of long experience in visiting the sick poor was altogether opposed to it. Indeed, the presence of a great many 'doctors' attending to his case would appear to be generally a source of positive satisfaction to the patient. At the same time, boards of guardians do not, as a rule, regard favourably the proposal to adopt any reform in this direction; there is said to be a good deal of prejudice against it, and one medical superintendent of an infirmary thought they had 'a sort of sentimental objection, that the infirmary should not be a means of teaching anything.' Other objections of a somewhat more tangible nature, which appear to weigh with the guardians, are fears lest the admission of professional men from outside should tend to take the power out of their hands and to undermine discipline, and also lest it should lead to increase of expenditure. The necessity of preventing the realisation of these fears appears to be recognised, but this is thought to be merely a question of organisation; with proper safeguards there would be no such risk. Expression was given to the feeling, that the public, who support these institutions, are entitled to require, in the public interest, that they should be utilised for increasing the experience and improving the practice of the medical profession at large, and that boards of guardians should be bound to make them available for that purpose; it was doubted whether boards of guardians would ever take sufficient interest in the matter to open the infirmaries of their own accord.

Waterlow, 2853, 2874–7; Twining, 22786; Saville, 24339; Vallance, 24774–5.

Waterlow, 2845, 2861, 2869. Saville, 24375.

"401. Upon

"401. Upon the question of the reality of the value of infirmary cases for purposes of instruction, the evidence appears to admit of but one conclusion.* To the argument that the hospitals have patients enough for their schools, and that the infirmaries contain little of interest for the student, the reply comes from all sides that the infirmaries afford a field for the study of precisely those chronic and intermittent cases which the young doctor will most frequently meet with when he goes out into private practice, and which, at the same time, he has the least opportunity of studying in the wards of a general hospital, where all the cases are severe and acute. Just as the out-patient department shows to the student the beginnings of disease, so in the poor-law infirmary he ought to watch its continuing and closing phases.

Importance of infirmary cases to medical education.

Montefiore, 219; Steele, 442–7; Hardy, 892. Waterlow, 2860, 2865; Currie, 2993; Farmer, 3489; Thomson, 4352–3; Fenwick, 7687; Ord, 11292–4; Fardon, 13014; Barnes, 13811; Morris, 14831.

Corbyn, 3677; Olark, 9724–7; Owen, 12506; Dent, 15437–8; Bury 16609; Tait, 22303, 22374, 23379–81, 22393; Saville, 24200–1, 24307–8, 24374.

"402. But it is not only those who speak in the interests of the profession and of science who support the proposed reform. These interests and those of the infirmaries and their inmates appear, according to the evidence coming from the infirmaries and poor-law authorities themselves, to be, in this case, identical. Nothing it is said, checks any tendency to dull routine, and to the habit of careless diagnosis to which men are subject who have a constant succession of similar cases to deal with, so much as the presence of a class of students.

Admission of students advocated by poor-law authorities.

Twining, 22740; Bridges, 23210, 23295; Gross, 23603–7. Currie 1741; Gross, 23609; Vallance, 24779.

"403. As regards the particular way in which the infirmaries should be utilised for the purposes of instruction, it was not generally proposed that the infirmaries should have schools of their own, but rather that students from the general hospitals should be admitted from time to time to study the cases. One proposal was that the clinical teacher from the hospital should be allowed to bring his class at stated times, and give his explanations, assisted by the medical officer of the infirmary, while some of the students should attend at the infirmary to give assistance (unpaid) in dressing. This plan appears to be the one adopted in America. One witness thought that the admission of students to the wards would be of little use, unless a first-rate teacher from the hospital was allowed to accompany them, but that they might derive great benefit from attendance in the post-mortem room. On the other hand, there was a fear that some difficulty might arise with the medical officer of the infirmary in carrying out such an arrangement, but the superintendent of one of the infirmaries himself suggested that if the students were to gain any advantage from their attendance at the infirmary they should be accompanied by a member of the teaching staff of their hospital. Another superintendent considered that only the more advanced students should be admitted, who would not need much teaching, and that such directions as were necessary he could himself give them. The idea of amalgamating with the hospitals, and bringing the hospital staff into the infirmaries, he did not consider workable, but he did not foresee any difficulty whatever in obtaining consulting doctors for the infirmaries, who would assist in giving the required instruction. He referred to a plan which had actually been tried, and, as he thought, with good results, at the Paddington Infirmary, where a course of lectures had been given to senior students and newly-qualified men by the superintendent himself, and also by selected physicians and surgeons invited by the guardians.

Modes of utilising infirmaries for students.

Waterlow, 2846; Allchin, 15335–41; Vallance, 24776–8.

Clark, 9717; Dowse, 19620; Bridges, 23372.

Moore, 10643–6, 10733.

Bury, 16610–5.

Lunn, 24015–7.

Saville, 24187–8, 24375–7.

Saville, 24266–79.

"404. Apart from the question of the admission of students, it was also urged that much more use ought to be made of the infirmaries for enlarging the experience of the profession generally. In the first place it was thought that the practice already adopted to some small extent of appointing newly-qualified men as clinical assistants might be extended with advantage to both the infirmaries and the profession; and, further, that each infirmary should have attached to it an honorary visiting staff chosen from the most eminent men who could be obtained, whether from the hospitals or from outside. These proposals also were favoured by witnesses who spoke, as it were, from within the infirmaries; and the need felt by the medical superintendents themselves of assistance from consulting physicians and surgeons has already been referred to. One superintendent, however, while strongly in favour of the employment of clinical assistants, was less sure of the practicability of working the infirmaries through a visiting staff on the hospital system; because he thought that the medical men in charge of these infirmary cases needed quite a special and long training in what he called their "socio-medical" aspect; *i.e.*, in judging what class of pauper a person belonged to, to what extent his ailment incapacitated him for work, and other matters not belonging to the purely medical consideration of his case. This witness, however, would welcome the appointment of a visiting staff for the purposes of consultation, and he thought that this reform could be effected without interfering with the existing authority or responsibility of the medical superintendent or involving any additional expense; the relations of the superintendent with the consulting staff would be subject to the ordinary rules of consultation.

Value to medical profession of infirmary practice.

Holmes, 782.

Morris, 14831; Bousfield, 1303; Barnes, 13825–6; Allchin, 15335.

Twining 22675, 22711, 22742, 22787. Saville, 24183–6, 24342–4, 24358–65. Hopkins, 24467; Vallance, 24772–3. Bousfield, 1303; Currie, 1785.

"405. At the sick asylum at Birmingham, a poor-law institution corresponding to the infirmaries in London, there is a large staff of resident medical officers and a visiting physician and surgeon. There are also a number of clinical clerkships to which students are

Birmingham system.

Tait, 22305–9, 22341–5, 22352–7.

* Some few witnesses thought there were few cases in the infirmaries that would be interesting or useful to students, or that could not be seen in the hospitals (Brodhurst, 4076–81; Lunn, 23827–8, 23850–9; Hopkins, 24468); but the contrary opinion was decidedly more general. One witness thought there would be a difficulty to get students to attend at the infirmaries before they got their diplomas (Holmes, 781–2).

are appointed for six months, each being placed in charge, under the medical staff, of a certain number of beds. The institution of these clerkships is regarded as being of great value for educational purposes as well as a benefit to the patients.

Holmes, 739–42.

"406. It should be noted that some of the evidence indicated a doubt whether students would have time, before passing their final qualifying examination, to attend the practice at the infirmaries, regard being had to the shortness of the curriculum and the amount of study and hospital work to be got through, and the distance at which most of the infirmaries lie from the hospitals. This consideration appears to add importance to the proposed adoption of the Birmingham system, since it affords a large amount of instruction to young practitioners just after their examinations are passed. On the other hand the proposal which has been entertained by the General Medical Council, to require an additional year's training before the student can pass his qualifying examination, may to some extent bring the infirmaries more within his reach.

"407. It was suggested that the reforms above referred to in the infirmaries might result in their competing with and ultimately supplanting the general hospitals; but it did not appear that this was regarded as a practical danger.

"408. The proposals for some scheme of co-operation or affiliation between the various institutions for the relief of the sick poor have already been noticed in connection with the subject of general hospitals.

"409. The subject of nursing at the infirmaries is also separately dealt with.

"HOSPITALS OF THE METROPOLITAN ASYLUMS BOARD.

Mann, 24508–699.

"410. The hospitals belonging to the Board consist of three imbecile asylums, five fever hospitals, and a convalescent fever hospital, three small-pox ships in the Thames at Long Reach, and the Gore Farm Hospital for Small-pox at Darenth. For fever and diphtheria, 2,429 beds are available, and 1,150 for small-pox. Measles and whooping-cough are not taken. The total number of fever cases treated in 10 years was 38,433, and of small-pox cases, 26,357. In June 1891 the South Eastern Hospital, with 462 beds, had only 150 patients, the lowest record for several years.

McCombie, 25444–5.

"411. Until recently, patients could be admitted only on the order of the relieving officer and district medical officer, so that these hospitals were open only to poor-law cases. Since 1889 this restriction has been removed, and non-pauper patients are now received. The cost of every patient is charged to his parish or union, but the guardians have had, until the present time, power to recover the cost of maintenance from those who were able to pay. Now, however, under the Public Health (London) Act, 1891, this power has been taken away, and every inhabitant suffering from any dangerous infectious disease will henceforth be entitled to free treatment at one of these hospitals.

24653–4.

Steele, 358; Currie, 1739; Waterlow, 2569; Nixon, 15560.

On receipt of notice of an infectious patient being in any hospital or elsewhere, the Asylum Managers will, at once, send an ambulance and have him removed.

Mann, 24554–8; McCombie, 25443–3, 25446, 25455, 25461–3, 25478–81.

"412. The usual medical staff of one of these hospitals consists of a superintendent and two or three assistants, but the number of assistants fluctuates according to the pressure of patients. The superintendent's salary ranges from 400 *l.* to 500 *l.* a year, with residence, &c. Each hospital is under the control of a committee of the Board, which

Burdett, 25678.

meets once a fortnight, and receives the officers' reports, inspects books, &c.

Mann, 24563–70.

"413. At times the hospitals have been much crowded, the largest number hitherto under treatment at one time being 2,611, or nearly 200 over the normal maximum. In times of great pressure temporary huts have been erected and other accommodation hired. The medical, nursing, and subordinate staffs are reduced as opportunity offers.

24578–609, 24655–9.

Figures were given showing the great variations in the prevalence of the different diseases, and showing the cost of the hospitals, the number of deaths, &c.

Mann, 24524–9, 24668–9, 24680–4, 24695–8.

"414. A recent Act has given power to a magistrate to direct the detention in hospitals of persons suffering from infectious diseases, in cases where they appear to have no proper place to go to outside the hospital. The hospital authorities have not themselves any power of detention; but it was said that a pauper patient received from the workhouse would not be discharged except back into the workhouse.

Currie, 3025.

"415. An advantage claimed for such a body as the Asylums Board having a number of hospitals under their management, was that, in times of pressure, ready information could be obtained where beds were vacant, and to which hospital each patient should be sent.

Mann, 24545–53; McCombie, 25458–60, 25467–9. Hardy, 924–6; Currie, 1750–1; Waterlow, 2845; Mackenzie, 9158–9; Clark, 9718–22; Gould, 14852; Curnow, 18993, 19002–6.

"416. These hospitals were, till quite recently, closed to medical students; but statutory authority has, at length, been given to the managers to admit students under regulations made by the Local Government Board, and accordingly advantage is now taken of these institutions for purposes of instruction. At the Eastern Hospital there were, in one term, 15 students. The teaching is done by the medical superintendents, who appear to approve of the new arrangement, and to be quite willing to take their share in working it. But the system appears to have hardly yet been brought into full operation.

operation. The ignorance of infectious fevers which hitherto has prevailed among young practitioners was strongly animadverted upon, and it is too soon to judge whether the new regulation will remove this stigma on the efficiency and completeness of medical education. Complaint was made of the difficulty of attending at these fever hospitals by reason of their distance from the medical schools. Each student has to pay three guineas for the right to attend during three months. Saville, 24375-6.

"NURSING.*

"417. The nursing staff of a hospital ordinarily consists of a matron or lady superintendent, a certain number of sisters, one to each ward or pair of wards (according to their size) by day, and one for the whole hospital, or a wing of it, or for a group of wards, by night; staff nurses, that is to say, nurses who have passed their full period of training and received their certificate; and probationers, these latter forming the most numerous class. The more advanced probationers are often entrusted with the duties of staff nurses. In addition to the ordinary probationers there is, in some hospitals, a class of paying probationers or lady pupils, who perform the same duties as the others, but whose terms of service are different.

Probationers.

"418. The probationers are engaged by the matron, subject or not (according to the rules of the particular hospital) to the sanction of a higher authority, or are engaged by the hospital authority on her recommendation. The selection rests in all cases, practically, with the matron, and the minimum age at which they are taken is usually about 23. There is no lack of candidates for employment; at the London Hospital, for example, the number of applicants in a single year was said to be 1,600. Nurses are drawn from a well-educated class; many are daughters of professional men, merchants, farmers, and tradesmen. The terms of service differ in different hospitals. But the general rule, as regards an ordinary probationer, is, that she is first taken for a month on trial, without wages; at the end of that time, if she is considered suitable and wishes to remain, she enters into a regular contract of service for a stated period of one, two, or three years; during that period, or part of it, she not only assists the practical work of nursing in the wards, but she attends lectures which are given by the matron or by members of the medical staff, and is required, or encouraged,† to pass examinations; and at the end of the period, having passed her examinations, she receives from the hospital a nurse's certificate.

Steele, 384, 559; Waterlow, 2545; Lückes, 6370-5; Fenwick, 9469-76; Lushington, 9862-3; Walker, 11137; Todd, 13020; Melhado, 12631-2; Reade, 13992; Theis, 16292; Michelli, 18197; Taylor, 18623; Wace, 18783; Monk, 18845. Vol. I., Appendix K., pp. 602-3.

Fenwick, 9505; Taylor, 18566. Lückes, 6372.

1816, 2557, 10807, 10816.

Waterlow, 2546-8; Currie, 2987 Roberts, 6250; Lückes, 6814; Fenwick, 9456; Perry, 10204; Dobbin, 17412; Taylor, 18461; Monk, 18895.

Period of training.

"419. Different opinions are held as to the length of training requisite before a woman should be sent out with a certificate as a trained nurse. A lady who had had experience as matron of St. Bartholomew's Hospital was of opinion that nothing less than three years should be taken as the qualifying period, and that no woman ought to be made sister of a ward or staff nurse, or be sent out to nurse the sick until she had passed through the whole curriculum.‡ Miss Nightingale, on the other hand, has laid down one year as the ordinary period of training, with a proviso that it would be preferable to give two years' training to those who will have to train others in their turn. At St. Thomas's, where the nursing is organised according to Miss Nightingale's system, the probationer, after a month's trial, binds herself to hospital service for four years; after one year, if she passes her examination, she is registered as a certificated nurse, and thereupon for another three years she holds herself at the disposition of the committee of the Nightingale Fund for hospital nursing. At other hospitals the engagement does not extend beyond the period of training, but that period is prolonged to two or three years, so that the hospital, after it has trained the nurse, may still have the benefit, for a time, of her trained services; the longer period being fixed rather for the sake of increasing the nurse's experience, and for the convenience of the hospital, than from the belief that she would not be fit to receive a certificate sooner. At the London Hospital, for example, a nurse is certificated after two years' service, but is in some cases given the duty of a fully qualified nurse in the hospital, or sent out to nurse a private case, occasionally is even appointed to be a sister of a ward, while still called a probationer. Length of service is only one of several elements which go to make a good nurse; and the opinion was strongly expressed that more reliance was to be placed on a system of careful individual supervision and selection than on any arbitrary extension of the probationary period. At the London Hospital, out of about 210 sisters, nurses, and probationers, fully one-half (including about 50 probations in the second year) were regarded as qualified nurses.

Fenwick, 9456-7, 9527-8, 9554-8, 9597-601.

Vol. I., Appendix K., p. 603.

Gordon, 11848-50, 11863-5. Walker, 11062. *but see* 11590-2.

Fenwick, 9456.

Lückes, 6380-2, 6499, 6613-25, 6633-5, 6804-5, 6810. Perry, 7471-4, 7486-7.

Lückes, 6360-6.

"420. At St. Bartholomew's, the certificate is given after three years, but a probationer having passed an examination after one year, is called a staff probationer, and may be employed as a staff nurse. At Guy's, the probationer, after her month's trial, seems to be taken on for a year, and then (if she gives satisfaction) for a further term of two

Fenwick, 9486; Cross, 10811-3.

Steele, 387; Lushington, 9862-7.

* The great improvement in hospital nursing of recent years was testified to by several witnesses (2551, 9203, 9673-4, 9694-5, 10806, 12041, 25903-11).

† At the London Hospital the examinations are not compulsory, but a nurse who has passed a satisfactory examination has a different form of certificate (6421-5).

‡ It is, however, to be noticed that St. Bartholomew's has only 20 certificated nurses to 141 probationers (Waterlow, 2533-4), a fact which appears to indicate that a large proportion of the probationers are considered to be fully qualified nurses.

two years; at the end of the three years she gets her certificate; but she becomes a full nurse (though uncertificated) after 18 months, and is then qualified to enter the private nursing institution.

Todd, 12080–1; Melhado, 12617–9.

Melhado, 12707, 12763–4.

"421. At St. George's and the Middlesex the certificate is given after three years, but the probationer is promoted to be a ward nurse after one year. At the Middlesex it was not until recently the practice to send out a nurse for private nursing before she had been five years in the hospital; but exceptions are now made to this rule, and nurses are in some cases allowed to go out after three years' training.

Reade, 13990–1.
Ryan, 14569.
Theis, 16253.
Taylor, 18418.
Monk, 18841.
Brew, 22434–6.

"422. At Charing Cross the period is three years; at St. Mary's, two years; at the Royal Free, three years; at Brompton, three years; at King's College, three years; but after two years the probationer generally becomes a staff nurse; at the Homœopathic Hospital, three years; but a nurse is considered to be trained after one year.

Paying probationers.

Roberts, 6250; Cross, 10810; Theis, 16269; Monk, 18891–2.
Todd, 12082.
Steele, 385; Roberts, 6250; Melhado, 12627; Reade, 13959.
Waterlow, 2534–6.
Ryan, 14681.

"423. The paying or special probationers, or lady pupils, who are taken at some, but not at all hospitals, usually enter for a three months' or other short course of training;* but sometimes they remain for a second course, and sometimes they become ordinary probationers. The usual payment made by them is at the rate of a guinea a week. At some hospitals they are separately lodged, but their duties seem generally the same as those of the ordinary probationers.

Sisters.

Roberts, 6247; Lückes, 6358–9.
6803–5, 6833; Lushington, 9838, 9973–8; Cross, 10805–6; Todd, 12203; Melhado, 12625; Lucas, 20168, 20284–6; Waterlow, 2545.

"424. The appointment of the sisters rests with the executive authority of the hospital. They are in a position of considerable responsibility, each having, under the matron, the entire charge of her ward; and they are at some hospitals generally selected from among nurses of superior social position. It is the matron's duty to make frequent visits to the wards. In most hospitals she appears to go round daily; but whether she does so or not the sisters are fully responsible to her for the state of their wards, and the proper fulfilment by the nurses of all their duties; and they have the immediate superintendence of the training of the probationers.

6815, 6884–5, 9834–7, 9578, 11685–6, 12676–7, 12812–3.

"425. Each sister usually sleeps in a room adjoining her ward, so that she can readily be summoned at night if necessary.

Ward maids.

572, 2533, 9546–7, 9920, 10801, 12064, 12807–8, 12886, 12891–6, 13978–9, 14564, 18843–7, 22464–7.

"426. The work of the nurses is supplemented by wardmaids and scrubbers; in other words, housemaids and charwomen; the ward maids sometimes, but not always, are lodged in the hospital, and some of the smaller hospitals have no separate class of ward maids. Inquiry was frequently made whether the nurses were called on to perform menial duties; the rule seems to be that it is their business to do everything directly affecting the patients, including a good deal of sweeping and dusting; they also generally clean the lamps, and sometimes inkstands; in one case, it appeared that a portion of the floor was polished by probationers, but this was quite an exceptional case. The evidence generally was to the effect that the nurses were called on to perform a certain amount, but not a great deal, of work which did not properly belong to their office. At the same time, some of the matrons would gladly see an addition to the number of ward maids.

6757–87, 6864–70, 7457–63, 7529, 7867, 9559–61, 9919–20, 10800, 11622–5, 11678–81, 12062–3, 13980, 14563, 18128–33, 18531–54, 22463, 25975–8.

6765–7, 22466.

Remuneration of nurses.

6947, 8109, 16484

"427. The scale of remuneration allowed to nurses does not appear to have been augmented in proportion to the improvements in nursing, or to the better class of women employed; and there is a feeling that on the whole nurses are too poorly paid. Nurses belonging to the private nursing institutions, which now are attached to many hospitals, are indeed better paid; these institutions are comparatively of recent growth, and the higher rate of pay seems to indicate a recognition of the inadequacy of the old scale; but it is difficult to understand why nurses working in the wards of a hospital should continue to be treated less liberally than their colleagues in attendance on private patients. A short summary of the evidence taken on this subject follows:—

Guy's, 387, 393; *St. Bartholomew's*, 2554; *London*, 6838–41, 8118; *St. Thomas's*, 11760–1, 11826; *St. George's*, 12088; *Middlesex*, 12612–6, 12681, 19755; *St. George's*, 13989–90; *St. Mary's*, 14565–8; *Westminster*, 15213; *Royal Free*, 16265–7, 16307–10, 16345–9; *Seamen's*, 18512; *Brompton*, 18419–27, 18431–2; *King's College*, 18854–8; *West London*, 20520.

"428. A probationer, during her first year, is paid usually at the rate of about 1 *l.* a month, or rather less; after that she rises to 18 *l.* or 20 *l.* a year, but in some hospitals no salary is given during the first year. The pay of fully-trained nurses in the hospitals, and in the private nursing institutions attached to hospitals, ranges from 20 *l.* to 35 *l.* or 40 *l.*;† those employed for private nursing being, as a rule (as already mentioned), much better paid than those in the hospital, who do not generally rise so high as 30 *l.*‡ The night nurses get rather more than the day nurses. Sisters usually receive from 35 *l.* or 40 *l.* to 50 *l.* or 60 *l.* Sometimes the rate of pay is rather lower than the above, and a gratuity or pension, or both, are allowed by the hospital after a certain period of service; and the institution nurses are sometimes allowed a percentage on their earnings. Board, lodging, and often some articles of clothing are provided free, but not, as a rule, washing. The grant of an allowance of 2 *s.* 6 *d.* a week for washing is one of the reforms suggested.

20124–30, 20808–10, 21650–2, 22437, 22970.

Infirmaries, 23505–6, 23804–2, 23839–40, 24206, 24637–8.

12612, 12616, 12755, 15213–6.

18856–7.

8109.

"429. Provision

* The lady pupils at Guy's undertake to remain for a year (Steele, 387), and at the Middlesex for a year or six months (Melhado, 12628, 12888). At St. Mary's they enter for one or two years, and pay 30 *l.* a year (Ryan. 14682–4); at the Seamen's Hospital the payment is 25 *l.* a year (Michelli, 18123).

† At the Royal Free Hospital an institution nurse, after four years, receives 30 *l.* salary and 20 *l.* bonus every year (16265).

‡ At King's College Hospital, and at the Fever Hospital, a nurse rises to 36 *l.* (18855–6, 21650).

Pensions.

"429. Provision is sometimes made for pensions, but by no means universally. This, however, is a subject which is generally engaging the attention of hospital authorities. In some hospitals where no pension can, up to the present time, be earned as a right, it is the custom to make an allowance for life to a nurse who retires from age or infirmity after a long and faithful service. Guy's, the London, and other hospitals have adopted a regular pension system by joining the National Pension Fund for Nurses, or rather by undertaking to pay one-half of the premium required from such of their nurses as choose to join the fund. The scheme of this institution, as adopted at Guy's, allows a nurse to retire at the age of 55 with a pension of 15 *l.* a year, besides bonuses, after payment under the prescribed conditions of premiums amounting to 6 *l.* a year. At the London a minimum pension of 22 *l.* 10 *s.* is secured at the age of 50 for a nurse who joins the fund before she is 40. The premiums are returnable if the nurse wishes to withdraw from the fund; and in that case the amount paid by the hospital is, at Guy's, held as a fund for the benefit of their nurses who may be incapacitated by accident or illness incurred in the discharge of their duty. At the London, if the nurse leaves the hospital, she is herself allowed, after 12 months, to withdraw the share paid by the hospital, as well as her own.

12613–5, 12755, 13891, 15215–6, 15226–33, 15261–7, 16268, 22109.

2553–60, 11767–9, 12985–6, 18433–5, 20131–2, 22447.

390, 6846, 14570–1, 18152–3, 18859–62.

390.

6846–7, 6853.

National Pension Fund.

"430. The origin and working of the National Pension Fund were explained by a witness who had taken an active part in its establishment. It is said to fulfil the objects of a savings bank as well as of a pension fund; and premiums can be withdrawn at any time with interest and bonus additions arising from the profits of the working of the fund. A benevolent fund has been instituted in connection with it, having now an income of 400 *l.* a year, for the benefit of distressed nurses. The pension fund is now in the fourth year of its existence, has 2,000 subscribers, and 100,000 *l.* invested. There is a system of affiliation by which a hospital paying half the premiums for its nurses can have a separate trust account with the National Pension Fund, so that the lapsing premiums may remain to the credit of that hospital, and be administered so as to form the nucleus of a permanent fund for providing for its nurses a complete system of pensions.

Burdett, 25884–5.

Position of matron.

"431. The position of the matron of a large hospital is one of great importance and responsibility.* The department of which she is the head is numerically the largest, and, from the nature of its duties, is after the medical department the most important to the immediate welfare of the patients, of any in the hospital. The misunderstanding which in the earlier days of nursing reform sometimes manifested itself between the medical and nursing staffs would appear to have entirely subsided. At all events, it is believed that no trace of any such feeling is shown throughout the evidence; and just as the nurses hold themselves bound, as they must be, to carry out diligently the wishes of the physician in matters concerning the treatment of the sick, so the doctors appear to recognise the authority of the matron in the distribution of the nurses, their discipline, and the general arrangements of the wards. Some discussion, however, took place respecting the exact limits which are or ought to be set to the matron's powers. Speaking generally, she is regarded as *de facto*, if not according to the strict letter of the law, the head of an independent department; that is to say, she is in the management of her own staff responsible directly to the chief executive authority of the hospital, and to no subordinate body or officer. A hospital has nearly always a board or committee which holds weekly meetings, and is in fact the executive authority of the hospital; and under it there is an officer whether he be called treasurer, secretary, or resident superintendent, or by any other name, who either lives permanently in the hospital or at all events passes the day there, and who in the absence of the executive body is regarded as being in a general way the head of the establishment. The precise amount of authority delegated to this official is, however, not always strictly defined. As regards the matron it is clear that in some hospitals he has none; in others, where technically his authority extends to the nursing staff, it seems that by a well-understood arrangement he never interferes in this department (except in consultation with the matron); in others again it seems doubtful whether he has any technical right of interference at all. But however the technical limits of authority may vary, it seems everywhere to be fully admitted that practically the matron is supreme in her own department, subject only to her responsibility to the managing body; and nowhere does her authority within those limits appear to be challenged. At all hospitals she makes her reports to that body, and is amenable to it for everything that she does. The only question, therefore, at issue is as to the direct intervention of the hospital authority itself, in matters of nursing organisation and management.

8128.

6915–9, 9466–8.

11058, 12530, 15523, 16806.

557–666, 6350–2, 8188, 20418.

5986.

Nursing sub-committee.

"432. At some hospitals there is a special nursing sub-committee of the managing body to which the general control of this department is delegated, and one witness was decidedly in favour of this system.

9469–70, 9572, 9584–7, 12020–1, 12025, 12038, 12159–61, 12634, 13883–5, 18784.

Appointment and dismissal of nurses.

"433. The particular matters which present themselves most prominently in this connection are the appointment and discharge of nurses. This subject was mentioned in

* The salary of a matron in the leading hospitals seems to run from 100 *l.* a year up to 350 *l.* (6321–2, 11055, 12611, 13955, 14518, 18837).

in reference to the London Hospital:* and it has been said above that the selection of probationers, whether they are nominally engaged by the hospital authority or not, rests really with the matron. As regards the power to dispense with the services of a nurse, the technical rule of the hospital is not uniform. At the London Hospital it is laid down in the standing orders that in case of misconduct the matron may suspend, but only the committee can dismiss; probationers she can discharge at any time for incompetence, subject to an appeal to the committee.† At Guy's the matron has the power of dismissal during the probationary period; but it seems she would not discharge a full nurse till after consultation with the treasurer (who at Guy's is the executive authority). At St. George's and the Middlesex and the Seamen's Hospital the matron can suspend, not dismiss; at the Brompton Hospital she has full power of dismissal, reporting of course to the committee; at St. Thomas's the matron can discharge the probationers. At those hospitals, however, in which the power of dismissal nominally rests with the executive, it seems to be universally admitted that the matron is the sole competent judge of all matters relating to efficiency in nursing; and on the other hand, where the matron is given the power of dismissal, it would appear that whether or not there is a formal right of appeal from her decision, her whole conduct is always within the cognisance of the hospital authorities, so that with them who delegate to her the power must rest the ultimate responsibility for the mode in which she exercises it.

5987, 6245

6250.

9865–70.

12058–9, 12633, 18196, 18623.

11840–1, Appendix K., p. 613.

9873, 9942–3, 1412–3, 7943–4, 1817–8, 22452–3.

9472–6.

Opinions respecting position of matron.

"434. The 'Suggestions' printed in Appendix K. to the first volume of the evidence show clearly what are Miss Nightingale's views on this subject. She says "The superintendent (*i.e.* matron) should herself be responsible to the constituted hospital authorities, and all her nurses and servants should, in the performance of these duties, be responsible to the superintendent only. No good ever comes of the constituted authorities placing themselves in the office which they have sanctioned her occupying. No good ever comes of any one interfering between the head of the nursing establishment and her nurses. It is fatal to discipline . . . . . She should be made responsible for her results and not for her methods. Of course, if she does not exercise the authority entrusted to her with judgment and discretion, it is then the legitimate province of the governing body to interfere, and to remove her. It is necessary to dwell strongly on this point, because there has been not unfrequently a disposition shown to make the nursing establishment responsible on the side of discipline to the medical officer or the governor of the hospital . . . . . Neither the medical officer nor any other male head should ever have power to punish for disobedience. His duty should end with reporting the case to the female head who, as already stated, is responsible to the governing authority of the hospital.' 'The matron should be responsible to the government of the infirmary alone for the efficient discharge of her duties; and the nurses should be responsible to the matron alone for the discharge of their duties.' The opinion thus expressed by Miss Nightingale appears (so far as the evidence shows) to be generally adopted in the metropolitan hospitals, both (as already stated) by the medical staff and also by the governing authorities themselves.

p. 605.

p. 609.

Rathbone, 25913–58.

"Mr. Rathbone's evidence also strongly expresses similar views. Two points to which he called attention were, first, that the chief object is the nursing of the sick, and for that object every facility must be given for the selection of the best women that can be got; in short, that the nurses are for the hospitals, and not the hospitals for the nurses; and, secondly, in answer to those who fear unjust dismissals as the result of allowing matrons to exercise a too arbitrary power, that the great difficulty has always been to induce even the most stern matrons to dismiss incompetent nurses. Incompetency or inefficiency in a nurse is not an easy thing to prove to an outside person, though it is a thing which the practised and watchful eyes of the ward sister and the matron soon discover. It is, therefore, both injurious to the patients, and unfair to the matron who is responsible for the efficiency of her staff, that she should be called upon to prove matters almost inaccessible to proof before a tribunal necessarily incapable of judging of them. The hospital committee has full power. From its frequent meetings, from the reports made to it, and in particular from the experience of those of its members who (as in most hospitals) are specially appointed in rotation to visit the wards, it has ample opportunity to judge whether it has a matron who can be trusted; and Mr. Rathbone declared himself convinced from long experience that, when it is found that the matron is not to be trusted, the sooner she is got rid of the better. For a hospital committee really to test the capabilities of a nurse was, he thought, an impossibility. A nurse's capacity depends on a number of small things; it 'depends almost more upon moral than upon intellectual considerations; you cannot test it by examinations. Very often we find that those nurses who pass the best examinations are very inferior to a nurse who passes a very much worse examination, but whom her matron knows to be thoroughly trustworthy night or day, in sight or out of sight, and to have that sort of kindness and care of patients that is so important.' There was, he thought, too much talking and publicity about all that goes on in a hospital for any serious danger to be feared of acts of real injustice by a matron remaining hidden from a competent committee; that risk was a trifle in comparison with the harm to efficiency which would result from cutting down the authority, and therefore of necessity the responsibility, of the matron.

"435. The

* *See* pages cxvii cxviii, §§59, 60.

† *See* page cxviii.

"435. The want of an adequate system of training for matrons was another point touched upon. The school attached to St. Thomas's is intended specially for the training of nurses for hospitals and public institutions. It is understood that a considerable number of ladies who have afterwards become the heads of the nursing establishments of important hospitals were trained at St. Thomas's, and ladies have by private arrangement been sent there for training with the special object that they should be passed on to be, first, assistant superintendents, and ultimately heads of nursing departments in hospitals. But it was urged that if some regular scheme of training women specially for the higher positions in those departments could be devised, it would supply a want now felt which rendered the existing training system incomplete. Miss Nightingale, in her 'Suggestions,' makes some remarks on 'training to train,' showing the need of a special system for the training of women who are intended to become heads of nursing schools.

Need of training for matrons. Rathbone, 25958–63. Vol. I., Appendix K., pp. 603–4

"436. The chief defects alleged against the existing organisation of nursing in hospitals are, that the proportion in number of probationers to trained nurses is too great, and that the whole number of the nursing staff is too small.

Alleged defects in nursing organisation.

"437. As regards the first of these criticisms, if a ward of 30 beds be taken as an example, it appears that the day staff of nurses will probably consist, under ordinary circumstances, of a sister in charge, a staff nurse, and three probationers; that is in addition to any extra help which the condition of any of the patients may render necessary. It was pointed out that one at least of the probationers would always be at an advanced stage of her training, would be in fact a competent nurse; and, as already mentioned, it is the custom to call a nurse a probationer, and keep back her certificate, till long after the time at which she would generally be considered as trained. The great bulk of the evidence from within the hospitals, from matrons, and from medical officers, was highly favourable to the quality of the nursing at the present time.

Alleged excess of untrained nurses. Lückes, 6886; Entwistle, 11640–4; Gordon, 11740; Monk, 18881.

"438. Much was said about the numerical deficiency of the nursing staff, and the consequent evils of excessive hours of duty, overworking, shortness of holidays, and injury of health to which the nurses are subject.

Alleged numerical deficiency of nursing staff.

"439. Roughly speaking, at the present time, if the whole nursing establishment is to the total number of occupied beds in the ratio of 1 to $3\frac{1}{2}$, that is considered a fairly high numerical standard. If that test is applied to a few of the leading hospitals the following results appear:—

Proportion of nurses to patients. Lückes, 6895–6.

"St. Bartholomew's, about 200 nurses; *average* number of occupied beds, 570 out of 667; about 1 to 3. Cross, 10795–6; Waterlow, 2741.

"St. Thomas's, 117 nurses; about 436 patients (not including the paying ward); about 1 to $3\frac{3}{4}$. Wainwright, 11442; Walker, 10885.

"London, 218 nurses; *maximum* number of occupied beds, 733; about 1 to $3\frac{1}{3}$. Lückes, 8992; Mackenzie, 733.

"Middlesex, 88 nurses; *average* number of occupied beds, nearly 260; about 1 to 3. Melhado, 12523, 12610.

"Charing Cross, 51 nurses; 165 occupied beds; about 1 to $3\frac{1}{4}$. Reade, 13902, 13956.

"St. Mary's, 61 nurses; 255 occupied beds; 1 to $4\frac{1}{4}$.* Ryan, 14382, 14520.

"King's College, 78 nurses; *maximum* number of occupied beds, about 215; 1 to $2\frac{3}{4}$. Wace, 18668–9; Monk, 18843.

"Westminster, 55 nurses; *maximum* number of occupied beds, about 200; 1 to $3\frac{3}{5}$.

"University College, 80 nurses; *maximum* number of occupied beds, about 200; 1 to $2\frac{1}{2}$. Nixon, 15459–60; Sister Cecilia, 15827.

"Royal Free; 1 to $3\frac{1}{3}$. Theis, 16261.

"440. Whether the proportion of nurses to patients be considered sufficient or not, there can be no doubt that it has in recent years been very materially increased; thus it appears that in 1880, at the London Hospital, it was 1 to 5; and the staff at Saint Bartholomew's is said to have doubled in the last 10 years. Lückes, 6856. Fenwick, 9548.

"441. A statement read by the matron at the London Hospital showed that on a given day in the summer of 1890 the number of patients was 626; and the number of the nursing staff actually on duty was 124 on day duty and 55 on night duty, giving on the whole about 1 nurse to $3\frac{1}{2}$ patients. The same witness considered that if money were no object the proper staff actually on duty in a ward of 30 beds would be a sister, two staff nurses, and two probationers by day, and a staff nurse and two probationers by night; she thought there should also be three ward maids to two wards. The late matron of St. Bartholomew's would add another probationer for day duty, making the total number by day six instead of five. In the children's wards the proportion of nurses should be higher. In addition to this, which would be the normal staff on duty, a margin of strength would have to be provided for the cases requiring special nurses.† Lückes, 8892. Lückes, 8133–9. Fenwick, 9482–98, 9506. Entwistle, 11651. Fenwick, 9507–8.

"442. The

* St. Mary's obtains additional nurses, when required, from the Brompton Hospital; but the proportion of nurses seems to be somewhat low at St. Mary's, as there is said to be one nurse to seven patients by day, and two to 43 patients by night (Ryan, 14534–7).

† The medical superintendent at Guy's spoke of one day nurse to 12 patients, and one night nurse to 20 patients as being about a fair average proportion for the actual work of attending to the patients in ordinary cases (Steele, 278–9).

Wace, 18881 ; Mackey, 7815–64.

"442. The figures given above (as well as other evidence to the same effect) appear to show that while the strength of the nursing staff on duty by day at one of the great hospitals (the London being taken as an example) is fully sufficient for the needs of the sick, by night the strength is somewhat short,* the deficiency being however such as would be remedied by a trifling increase in the number of nurses on the establishment. The demand for an increase in the nursing staff is in fact made in the interest rather of the nurses themselves, in the interest of shorter hours of duty and longer holidays, than of the patients. There was little evidence that the patients suffered from insufficient nursing, while on the contrary abundant testimony was forthcoming of the admirable care and attention bestowed on them, and of the spirit of self-sacrificing zeal which animated the nurses.

4044–6, 9188–92.

Hours of Duty.

"443. Evidence was taken from all the leading hospitals with a view to ascertaining the actual daily and nightly length and severity of a nurse's duties; and some attempt has to be made to summarise the information obtained.

"444. The following appears to be the average daily routine; but each hospital has its own scheme of service, and allowance must, therefore, be made for variations in detail:—

Bartholomew's, 2563–4, 10761–73.
London, 6960.
Guy's, 9877–89.
St. George's, 12043–52.
Charing Cross, 13967–77.
St. Mary's, 14540–87.
Royal Free, 16273–81.

"The day nurses come on duty at 7 a.m.,† having breakfasted at 6.30 or 6.45. The sisters in some hospitals come on an hour later.‡ The first hours are busily occupied in getting the patients fed and washed, their beds made, and the wards put in order for the day. Later (both before and sometimes after dinner), the doctors have to be accompanied on their rounds, and the orders for the diet, medicine, and general treatment of each patient carefully noted; but this is rather the work of the sister than of the subordinate nurses. A short time is allowed in the course of the morning for getting some luncheon; and half an hour, sometimes a little more, but at some hospitals it seems a bare half hour or less, is allowed for dinner, the sisters and nurses going generally in one relay, and the probationers in another.

10766–7, 11733–9, 12044–6, 12663, 13969, 16277, 18134–5, 18871–3. 9877–85, 9964–6.

"445. The nurses sometimes take their tea away from the wards, and they go off duty at 9 p.m., at some hospitals not till half past 9 or 10.

10763, 10767, 13971. 12043, 12051–2.

"446. The night staff breakfast at 8.30 p.m., and comes on at 9 p.m.,§ and remain till 9 a.m. or a little later; there are thus two hours in the morning when both the day and night nurses are on duty together, those being the busiest hours of the day. During the night the nurses have two meals, either in the wards or in the kitchen. At some hospitals a point is made of their going twice for proper meals away from the ward.

10771–3, 10782–6, 12665, 22419–29.

11834–9, 12670–2, 18443–7.

18883–5.

"447. The full hours of service are thus 14 or 15 hours for the day nurses, and 11 or 12 for the night nurses. From these hours certain deductions have to be made, both for meals and for time allowed off duty. The average allowance to the day staff is, for meals, from 1 hour to 1½; and in addition each nurse will, under ordinary circumstances, be allowed a certain time, varying from day to day, for exercise and recreation. At St. Bartholomew's, for example, it appears that the sisters are off duty from 6 p.m. to 9 p.m every other day, from 2 p.m. to 10 p.m. once in two weeks, and from 3 p.m. to 9 p.m. every alternate Sunday; they are also free once a month from 4 p.m. on Saturday till noon on the following Monday. The staff nurses have a rota of four weeks; in the first week they are off duty from 6 p.m. to 8.45 p.m. on two days; in the second week, once from 6 p.m. to 8.45 p.m., and once from 2 p.m. to 9.45 p.m.; the third week is like the first; and in the fourth week they are off a whole day to 9.45 p.m., and have also one evening off. Practically, the actual hours of duty at St. Bartholomew's were said to be about 11, an hour being allowed out of the 14 for meals, and two hours on the average off duty besides.

14540, 14550, 16273, 16288–9, 17425, 18124–6, 18436–41, 18867–70, 18918–20, 20420–3.
Waterlow, 2563; Cross, 10764.

Fenwick, 9542.

Gordon, 11729, 11751–3, 11810, 11851–62.

"448. At St. Thomas's a full day's work was said to be 10 hours actually on duty, rarely more; but the average number of hours per week would not be more than 60, allowance being made for half a day off during the week, and four and nine hours on alternate Sundays.‖ At this hospital the nurses are said to be especially well off.

11627, 11872–5.

12043, 12050–2.

"449. At St. George's the head nurses are on duty from 7 a.m. till 10 p.m., with two hours off, besides meal-times, and one whole day and one half-day once a month. The other day nurses go off duty on alternate days at 6.45 and 9.30; and they have one day off in a month.

"450. At

* Confirmatory evidence, as to the night staff being shorthanded, was given from St. Bartholomew's (Fenwick, 9494).

† At Guy's, 8 a.m. (9877).

‡ And sometimes go off latter. At the Middlesex the sisters are on duty till 11 p.m. (12640). At St. Bartholomew's it is said there is no definite hour at which the sisters go off (10791).

§ At Guy's the night nurses are on duty from 9.30 p.m. to 8.30 a.m. (9887–8); at St. Thomas's, from 10 p.m. (11830).

‖ Another witness, however, estimated that at St. Thomas's the sisters and staff nurses worked alternately 73 hours and 79 hours per week; probationers 70 hours in the wards (Enswistle, 11593, 11,665).

"450. At the Middlesex the sisters are said to be actually on duty for 11 hours and the nurses for 10 hours, but it would seem to be longer than that on some days. The sisters have a whole day every month, and the nurses every alternate month. 12640, 12644, 13833.

"451. At Charing Cross the sisters are said to have 58 hours a week on duty, and the nurses 67½ hours. 13966.

"452. At St. Mary's the average hours of actual duty are said to be 10⅓ hours for a sister, 9¾ for a staff nurse, and 9½ for a probationer. 14558.

"453. At King's College the hours appear to average about nine. 18926-8.

"454. The ex-matron of St. Bartholomew's thought that every nurse ought to have half a day off duty every week and three hours off every day. Fenwick, 9500.

"455. The night nurses, with the exception of the time for meals, are on duty during the whole 11 or 12 hours, but it is explained that their duties, as compared with those of the day nurses, are generally less onerous and involve less moving about and standing. This, however, does not appear to be universally true; as there was evidence that in some hospitals, where the wards are small and the night staff weak, the nurses are obliged to keep moving about continuously from ward to ward during the whole night. 14535-8.

"456. It was explained that at the London Hospital each nurse has a book in which a detailed record is kept of what she does, work, day or night duty, sickness, holidays, &c, 6943.

"457. The length of holiday allowed during the year varies from a fortnight to a month. It was the opinion of several witnesses that three weeks was the shortest time to which nurses should be entitled; some witnesses thought that the sisters, in consequence of the more responsible character of their duties, required a longer holiday than the ordinary nurses. Holidays. 2564, 8118, 9500, 9990, 11876, 12043 12052, 12643–52, 14179, 14540, 16282, 17425, 18148, 18891, 18890, 22432–3. 9500, 12205, 7879. 11659, 12646–7.

"458. The matron of the London Hospital advocated a month's holiday for all nurses, and six weeks for the sisters. 8117.

"459. Arrangements are generally made for the holidays to be taken during the summer months. 9501.

"460. Evidence touching the question of the food provided for nurses was noticed in connection with the London Hospital.* On the whole the improvement in this respect seems to have kept pace with the general progress of reform. Matters of complaint were mentioned; but they appear, for the most part, to have belonged to a past time. At all events the importance of a superior diet for the nurses, in view of the character of the work required of them, is everywhere recognised. Some criticisms were passed on the system of allowing some of the meals to be taken in the wards. Food. 1819–22, 2550, 6390–7, 7456, 9198, 11329, 18221–5, 18452–6, 18504–26, 18387–9, 20424–9.

"461. Several witnesses expressed the opinion that the existing hours of duty for the nurses were too long, and the labour unduly arduous. Out of the 10 or 11 hours on duty, it was estimated that a nurse would generally be actually on foot for about nine, and nurses are peculiarly liable to be afflicted with flat feet owing to the excessive amount of standing and moving. Alleged overworking of nurses. Lückes, 6905-10; Mackey, 7876-9. Fenwick, 9539-44; Entwisle, 11626-62, 11688-9, 11708-9; Anderson, 16484; Cheadle, 20327.

"462. If, however, the question of health be taken as a test whether nurses are overworked or not, it cannot be said that the evidence proved conclusively any general inability to stand the strain imposed by the existing conditions of nursing. The proportion of nurses who break down from bodily weakness or too great nervous sensibility does not seem to be large; the reports made from the various hospitals were generally favourable as regards the health of the nurses, and the opinion was several times expressed that they were not overworked. A lady at the head of the nursing staff of one hospital held that women gave up 10 years of their lives by entering this profession, but that view was altogether rejected by others. 11802-23. 9549, 11805-22. 2702-3, 7533-4, 12053, 11072, 15210, 15403, 18201-2, 15982-16005, 18201, 18475, 21656, 25886, 25974, 25994. 15222, 21656. 15892, 15998, 7433, 8482-3, 18586-7, 18923-4, 9204, 9549.

"463. Mr. Rathbone's opinion regarding the necessity of increasing the nursing staff of hospitals was that 'the patients are our first objects in hospitals, and if hospital work is such work that a woman of ordinary health and strength can do it and remain in health . . . . I think you then have done all that you are bound to do until the public gives you money to do more.' This opinion, that a further relaxation of the labour required from nurses as a matter of money and comfort, rather than of necessity either to the nurses themselves or to the patients, was the opinion of more than one witness from within the hospitals. At the same time, even those who considered the nursing staff at their own particular hospitals to be numerous enough for their duties, regard being had to the wants of the patients and to all existing standards of adequacy, were hopeful that the position of nurses generally would in the future be improved by means of shorter hours of labour, longer holidays, and better pay. 25983. Lückes, 6401-7, 6788, 6911-4; Gordon, 11731, 11873-7; Perry, 7904-7, 7538; Mackenzie, 9201-3; Todd, 12205; Melhado, 12757. Improvement in position of nurses hoped for.

"464. The want of accommodation for more nurses forms in many hospitals an obstacle to increasing the staff.

"465. It

* *See* p. cxix, § 65.

Suggestion that all probationers should pay.
Fenwick, 9503-5.

" 465. It was suggested that the money difficulty might be overcome by making all probationers pay during their period of training, and it was thought that this could be done without checking too much the supply of suitable candidates.

Suggestion to nurse in three shifts.
9204-7, 25989-95.

" 466. One suggestion for shortening the hours of duty was that the nursing might be arranged in three shifts instead of two. No very decided opinion seems to have been held as regards the feasibility of this proposal; but it was considered that, without resorting to any such extreme changes in the organisation, it would easily be possible, if the numbers were increased to allow every nurse more hours of duty and longer holidays.

Private nursing institutions.
Guy's, 391-3, 492-9; 2928, 9911; *London*, 6841-5, 8109-17, 8165-6; *Middlesex*, 12686-8, 12695-708, 12763-4; *Charing Cross*, 13996-9; *Westminster*, 15162-6, 15285; *Royal Free*, 16260-6; *Brompton*, 17536-9, 18394-9, 18403-11; *King's College*, 18840-2, 18856-8; *Homœopathic*, 22076, 22106-8, 22410, 22445-6; *Children's*, 20109, 20121-5.

" 467. Many hospitals have of late years established private nursing institutions, to which some of their own nurses, when trained, are drafted, and from which they are sent out to nurse private patients. The nurses continue to be paid by the hospital, and when not actually employed are lodged and provided for at the expense of the hospital. On the other hand the hospital takes the weekly payment of 1½ or two guineas which is usually charged; and these payments, after all expenses are defrayed, appear usually to bring in a net profit to the hospital funds, while in times of pressure, any institution nurses who happen to be unemployed can be brought in for service in the wards. At some hospitals, but not all, the nurses receive, in addition to their ordinary wages, either a percentage of 5 per cent. or more (in one case it goes as high as 25 per cent.) on the amount of their year's earnings, or else a fixed bonus in lieu of a percentage.

20124.

8087-92, 9908-10, 9520.

" 468. It seems that occasionally nurses are sent out from the hospital itself as well as from the institution, and objection was taken to this practice. It was, however, said to be done only in exceptional cases, and only when a nurse could fairly be spared from the wards without unduly weakening the staff required for duty there.

391.

" 469. Guy's has about 50 nurses on the private nursing establishment, and this seems the largest number kept by any one hospital.*

" 470. The institution is usually a separate building near the hospital; it is placed under the immediate charge of a sister, who is specially detailed for the purpose, and who is responsible to the matron.

District nurses.
2928.
Farmer, 3364-74, 3477-82.

" 471. At Guy's it is said that one of the objects of the private nursing institution is to attend the sick poor in the neighbourhood, especially lying-in cases. The subject of district nursing generally was touched upon by several witnesses. One medical witness spoke of excellent charitable work being done in the Bloomsbury district by nurses who he believed were principally trained at St. George's; and it was urged that, with a development of the district nursing system, a great proportion of the sick poor would be better off in their own homes than in the hospitals.

6250, 6368, 6748, 6750, 6946-52. 8159-64.

" 472. Upon the question of the hospitals being used for the training of women for district nursing among the poor, it seems that something is done in this way at the London Hospital through the admission of a limited number of probationers (there called 'institution nurses') who are in training for public institutions, and who enter for not less than six months, and pay half the usual fees of paying probationers. But it was pointed out that the general hospitals in London have not (at present at all events) the accommodation necessary for training any considerable number of nurses more than those whom they require for their own purposes.† At the Seamen's Hospital there is a class of 'mission nurses' who are specially trained for charitable work.‡

18114-20.

8168.

" 473. The time necessary for training this class of nurses would, in the opinion of the matron of the London Hospital, be a year for populous places, where there were accidents, but for ordinary country districts she thought six months would suffice.

Twining, 22699.
Bridges, 23436-7,
Acland, 22842-5.

" 474. It was incidentally mentioned that at the present time there is a great demand for district nurses; and a witness, speaking with the authority of a Local Government Board official, believed that it was in contemplation to allow boards of guardians throughout the country to establish them. The Hospital Saturday Fund is beginning to make grants to district nursing associations.

Societies for district nursing.
Mansel, 9225-340.

" 475. Existing organisations of this kind, respecting which evidence was taken, are the Metropolitan and National Nursing Association, and the East London Nursing Society, the first mentioned of which has its central home in Bloomsbury with 12 nurses, and other smaller homes in different parts of London, and a few in the country; each home working within a certain area. The nurses are ladies; there are about 50 of them in London and 25 in the country; their salary ranges from 35 *l.* to 50 *l.* They are required to have had 12 months' hospital training, and then they are further taught district nursing for six months; after which they are considered fully trained. A single nurse can, on the average, attend about eight cases in the course of a day; the nurses do not generally go out at night.

" 476. The

* The Association which nurses the Westminster Hospital has a private nursing institute with nearly 70 nurses (15285).

† Another witness, however, stated that the great hospitals were turning out more nurses than could get work (Fenwick 9642).

‡ Miss Nightingale's "Suggestions" contain some observations on the training of workhouse girls as nurses (Vol. I., Appendix K., p. 604), also on district nursing (609–11).

"476. The East London Nursing Society had, in July 1891, 27 nurses working in the East End. The nurses are not ladies; they receive 15*s.* a week from the society, but not board or lodging. They are lodged generally by private charity in the parish in which they work. It seems that some of the cases nursed by this society are undertaken at the request of the guardians, and there is some doubt whether a portion of its funds were not simply applied in relief of the rates. Lacey, 9341-431.

"477. Both these organisations depend for their existence on voluntary contributions, but the Metropolitan and National Association receives small payments from those of its patients who are able to contribute.

"478. An important question affecting the general position of nurses was brought forward in connection with the scheme proposed by the British Nurses' Association for establishing a general register of nurses. A very broad division of opinion exists regarding the merits of that association. Its objects, as stated by its advocates, are, 'first, to unite trained nurses together in a purely professional union; secondly, to provide for the local registration of nurses under the control of medical men; thirdly, to help nurses in times of need or adversity; and fourthly, to improve the knowledge and usefulness of nurses throughout the empire;' and its scheme is declared to be put forth 'in conformity with a great public want and a widespread professional demand.' This statement is traversed in a memorial which was signed by many members of the medical and nursing staffs, and of the governing bodies of hospitals and institutions for the sick in London and the provinces, and which was claimed to represent the majority of those who know most about nursing in this country. The memorial declares that the proposal, if carried out, 'would lower the position of the best trained nurses, be detrimental to the advancement of the teaching of nurses, be disadvantageous to the public, and be injurious to the medical practitioner.' A petition against the scheme, also largely signed, was presented to the Board of Trade. Proposed registration of nurses, British Nurses' Association. Fenwick, 9605. Vol. II., Appendix K. 7774.

"479. The view taken by the promoters of the association appears to be that the time has come when nursing should be constituted and legally recognised as a distinct profession, with a central controlling body of its own; in short, that the nursing profession should be governed on much the same lines as the medical profession. The nurses' register would resemble the medical register, and the general nursing council would take cognisance of the conduct of all nurses, and would have the same power to strike their names off the register for misconduct, as in the case of the medical profession is exercisable by the General Medical Council. The ultimate object appears to be (whether or not this could be carried into effect at once) to obtain statutory power to prevent any public or private institution sending out women to nurse the sick who were not registered by a registration board, composed of medical men and hospital matrons, or at all events to prevent unregistered women calling themselves trained nurses. But whether or not there were any such express prohibition, it was thought that a registration board constituted under Royal Charter or Act of Parliament would have such prestige that the public would decline to employ unregistered nurses. It was claimed that some of the hospitals and many medical officers of hospitals were in favour of registration. The immediate advantage which the public would gain from it was said to be that a reference to the register would at once show whether a woman was a trained nurse or not, and whether she was known to have ever done anything rendering her unworthy of employment, because the name of a nurse would, on sufficient cause shown, be removed from the register. Objects of British Nurses' Association. Fenwick, 9606-53. Fenwick, 26014-89. 9627. 9621, 9637. 26041. 9638-9, 9649-50. 9628-9. 26018.

"480. The main point alleged against the British Nurses' Association by its opponents is that it places good and bad nurses on a level. It is urged that neither the completion of a certain period of training nor the passing of a theoretical examination is any guide to the practical fitness of a woman for her work. Only the institution which has actually trained the nurse, and in which her qualities are recorded after long personal observation, can be in a position to give such a guarantee of her capacity as will be of any value.* If, for example, a member of the public goes to such a general register for a nurse, he gets someone who has passed through a certain curriculum; if he applies to any nurse-training hospital, he gets a nurse selected for the particular case, and backed by the authority and reputation of the hospital which sends her out.† It was further said (in the interests of the medical profession) that the grant of a sort of diploma to nurses might lead many people to seek a nurse in case of illness and not a doctor; such a result, it was thought, would be injurious also to the interests of the nurses themselves. Objection to British Nurses' Association. Lückes, 6944-5, 6953-6. Treves, 7754-75. Monk, 18893-5. 7755. 7771. Lückes, 8126.

"481. Under the existing system it is argued that the public have adequate protection in their power to call for a nurse's certificate before employing her, and to obtain particulars Burdett, 25887-90.

* The registers kept by institutions like the London Association of Nurses, which supply nurses to the public, are of quite a different character from what is proposed by the British Nurses' Association. The object of such institutions is to find employment for individual nurses whose personal records are kept, and can be investigated before they are engaged (9441-51).

† It was explained that at the London Hospital a supplementary register had, at Miss Nightingale's suggestion, been adopted, in which a nurse who had left the hospital might have her subsequent career recorded (6945).

particulars from the hospital which gave it her; that this security would under the registration scheme be lost, and that women, whom no hospital would recommend, would get themselves registered and appear to the public on the same level as the best nurses. It was suggested that an official list (if it were needed) could be compiled giving the names of all nurses on the books of the several training hospitals.

Burdett, 25891 ; Rathbone, 25954.

"482. A point very strongly urged is that the character of the woman herself is the most essential matter in regard to a nurse; much more so in the case of a nurse than of a doctor. The Association professes to require evidence of character (by the production of recent testimonials) before it will put a nurse on its register, and to register only women who have had three years' hospital training, but it appears that women are registered who have not completed their full period of training at any one hospital, and of whom it is not known whether they have proved themselves competent or otherwise. The Association complains that a hospital certificate, once given, cannot be withdrawn, whereas a name will be removed from the register whenever a nurse is proved to have forfeited her good character. But it is evident that this course cannot be taken except on clear proof of actual crime or misconduct, and therefore it is no protection to the public from mere incompetency. It was admitted that a woman might go through three years' training at a hospital, and get her certificate, and yet be a very indifferent nurse, and be known at the hospital to be so; but the public, who read her name in the register, would suppose her to be competent unless the register clearly stated that it did not guarantee the efficiency of its nurses. On the other hand, if the Association disclaims responsibility for the efficiency of the nurses whom it registers, it seems difficult to understand wherein lies the security which it offers to the public.

Fenwick, 26024–71.

Fenwick, 26072–89.

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"483. Mr. Rathbone, speaking on behalf of the Nightingale Training School in opposition to the Association, quoted from a letter written by Miss Nightingale on this subject: "You cannot select the good from the inferior nurses by any test or system of examination. But most of all, and first of all, must their moral qualifications be made to stand pre-eminent in estimation. All this can only be secured by the current supervision, tests, or examinations, which they receive in their training school or hospital, not by any examination from 'a foreign body' like that proposed by the British Nurses' Association. Indeed, those who came off best in such would probably be the ready and forward, not the best nurses.

1777–80, 2698–701, 4991–6, 5123–7, 5219–33, 5711, 7648–51, 8870–5, 8885–97, 9697–9703, 11774–9, 12145–9, 12692–4, 12802–6, 12882–3, 13833, 15802–8, 17086–8, 18115, 18210–3. 12074–5, 15294–5.

"484. *Male Nurses.*—Except the Seamen's Hospital at Greenwich (which has two), and the Lock Hospital, none of the principal hospitals seem to have a regular staff of male nurses. In cases where a male attendant is needed, some hospitals are accustomed to apply to the Hamilton Association for providing trained male nurses; others have a record of persons who they know are ready to come in when required, or employ commissionaires or porters, or anyone they can get. Male attendants appear to be in greater demand abroad than in this country.

8875, 11778, 12148, 12694, 14087, 22478–9. 4046, 4198–200.

9699, 9701–3, 12147.

"485. It was thought that it would be of public advantage if means could be found of creating a limited supply of trained male nurses.

25053–5, 25268–9.

"486. At the Putney Hospital for Incurables the male patients are attended to by male attendants under a trained female nurse.

Poor-law infirmaries.

Bridges, 23264–6. Bousfield, 1294. Rathbone, 25939.

"487. *Nursing in Poor Law Institutions.*—Nursing reform has made great advances in the poor-law infirmaries as well as elsewhere. The employment of unskilled pauper nurses, which used to be the rule, has now become a rare exception, though they are sometimes to be found in the sick wards of the workhouses where a large proportion of the less severe cases are still retained. Many of the infirmary nurses have gone through a regular hospital training. About one-half of the matrons, however, even now are women who are not regularly trained nurses; the appointments are made by the guardians at their own discretion; * but it appears that of late a trained woman has always been selected.

Twining, 22674 ; Gross, 23533. Knox, 24092–3.

Dowse, 19620 ; Twining, 22644–8, 22673, 22792–3. Bridges, 23232–51, 23290. Hopkins, 24427–31.

Twining, 22651–7, 22757–70.

"488. Complaint is made that the matrons are placed too much under the control of the medical superintendent, who has power to interfere in the nursing arrangements at all points. By courtesy and goodwill, it is said, the system has worked tolerably well; but it is urged that it is a wrong system, and is likely to lead to serious conflict between the infirmary authorities. This view was pressed by the Workhouse Nursing Association upon the Local Government Board, which, however, was unwilling to take the ultimate control out of the hands of the superintendent, though it was admitted that the matron ought rarely to be interfered with in the management of her own department. Dr. Bridges thought the existing arrangement satisfactory, provided there was an ordinary amount of tact on both sides, and the superintendents of some of the infirmaries spoke in favour of it.

Bridges, 23212–5, 23291–4.

Gross, 23527–32.

Saville, 24212–4.

Currie, 1747–8. Dowse, 19683 ; Lunn, 23837–8. Bridges 23252–7.

"489. High testimony was paid to the efficiency of the nursing staff in some of the new infirmaries. Dr. Bridges, the medical inspector of the Local Government Board, estimated that

* All appointments are subject to the sanction of the Local Government Board, but it seems that no general order has been issued respecting the qualifications of a matron (22643, 22650, 22658).

that about one-fifth of the nurses now employed are hospital trained. A portion of the staff at some infirmaries certainly appears to be deficient in this respect; but it seems usual at some infirmaries to require that every nurse should have had a certain amount of training in a hospital. Some of the infirmaries train their own nurses, and it was hoped that this system would be further extended, so that large numbers of infirmary-trained nurses might be sent out for general service.

Hopkins, 24432-3, 24476-8. Gross, 23479-86. Bousfield, 1294-5. Twining, 22659-63.

"490. The medical superintendent of one infirmary had hope of being allowed to take probationers; but he thought the guardians had a sort of sentimental objection to the infirmary being a means of teaching anything.

Gross, 23487-9, 23511-2.

"491. The number employed is very much less in proportion to the number of patients than is the case in the hospitals. The whole number of nurses in the infirmaries was stated to be 888; * in the Marylebone infirmary there were 66 nurses among 700 beds. Regard being had, however, to the chronic character of the cases, it does not appear to be thought that the infirmaries are seriously under-nursed; and it was said that the nurses were less overworked than those in the hospitals, that their health was good, and that they were generally content with their position and treatment. The hours and matters of routine appear to be generally similar to those in other hospitals. A nurse leaving after a year's service receives a testimonial as to her capabilities.

Bridges, 23258-63. Twining, 22665-72, 22719, 22746-52, 22791. Lunn, 23798, 23829-44. Hopkins, 24419, 24432. 23490-504; 23614-5, 23806-20, 24199-211, 24439-58, 24490-2. 23510-1.

"492. The wages of infirmary nurses rise to 30 *l.*; there appears to be no difficulty in getting a sufficient supply of them, or at least of good probationers.

Twining, 22699-701. Gross, 23610-1.

"493. Nurses trained in the large hospitals are apt, it is said, to find the infirmaries dull; and therefore there is some difficulty in getting and keeping the best class of nurses; this is considered an additional reason for the infirmaries training their own probationers.

Hopkins, 24424-6.

"494. A witness spoke of the advantage which would be derived, especially in the nursing department, by the employment of a lady inspector to visit the infirmaries.

Twining, 22788 90.

"495. The Marylebone infirmary trains its own probationers under the Nightingale committee, by whom they are paid for the first year, after which they are taken on to the infirmary staff, and received a certificate at the end of three years. They are said to be as well trained there as at a hospital. This is the only infirmary in London † which has a separate home for nurses; but the need of such an institution is elsewhere felt.

Lunn, 23800, 23804-5, 23860-4, 23998-9. Hopkins, 24493-6.

"496. At the Paddington infirmary the assistant nurses are taken untrained, and get their training in the infirmary, but there seems to be no regular training system like that which exists at Marylebone.

Saville, 24191-8.

"497. At one infirmary it was said that the accommodation for the nurses was very bad, and it would seem that the food there is hardly sufficient, though complaint was not made on this score.

Hopkins, 24434-8, 24499, 24449-53, 24461-2.

"498. In the sick wards of the workhouses the nursing is of an altogether inferior character. Neither the matron nor the nurses are hospital trained; the numbers are said to be insufficient, and paupers are to a great extent employed as nurses. At Bethnal Green, where there is no separate infirmary, and where at times there are nearly 600 sick in the workhouse, there appears to be a regular staff of less than 20 nurses, some of whom are 65 years of age, and these are supplemented, when the sick wards are full, by as many as 80 paupers employed as nurses. The opinion was expressed that all the nurses employed in the sick wards ought to be trained.

Workhouse sick wards

Knox, 24073-94, 24152-3, 24160-9; Howard, 24741-6. Saville, 24225-41.

"499. At the fever hospitals, under the Metropolitan Asylum Board, the nursing is on a somewhat different footing, owing to the great fluctuations from time to time in the number of patients. When there is little of this class of sickness prevalent the nursing staff is reduced; and when any infectious illness becomes prevalent the wards fill up, and it becomes necessary to engage a number of additional nurses. Under these circumstances the committees have to take the best material they can get, and they do not as a rule get trained nurses. The matrons are for the most part, all those recently appointed are, women who have been trained as nurses. There is sometimes considerable difficulty in getting nurses; they are naturally more liable to illness, but the pay is rather better than in ordinary hospitals.

Asylum Board Hospitals.

Mann, 24570-7, 24619-42. M'Combie, 25447-54, 25464-6, 25485-94, 25509-13.

MEDICAL SCHOOLS.

"500. The medical schools, with the exception of those at University and King's Colleges, and at Charing Cross, did not originally belong to the hospitals to which they have become attached, but were, until a comparatively recent period, private and independent institutions, only the clinical teaching being conducted in the hospitals. The eleven

Connection of schools with hospitals..

Brodhurst, 3982-5, 3991. Reade, 14051; Boyd, 14212.

* In 1886 the total number was 111 (23398).

† In Liverpool and some other towns nurses are systematically trained at the poor law hospitals.

Allchin, 15321. Steele, 407.

eleven schools now existing* are, however, completely identified with their respective hospitals; and it is one of the complaints of those who find fault with the present hospital system that the hospitals have become mere adjuncts to the schools, plunging into all kinds of extravagance for the sake of their students and for the advancement of science, when they ought to be strictly devoting themselves to the relief of the suffering poor, and to no other object. But the question of the economy of hospital administration has elsewhere been touched upon;† and the proposals for reform in connection with the schools will have to be noticed later.

Number of students. Brodhurst, 3991.

"501. The total number of students on the books of the several hospitals appears to be over 3,000 (between 2,000 and 3,000 according to one witness); the London Hospital having 460; Guy's about 500 (164 new entries in 1890, of whom 101 entered for the full course); St. Bartholomew's about 500; St. Thomas's nearly 400; St. George's 140; Middlesex from 250 to 300 (127 new entries in 1890, 55 being general students); Charing Cross 228 (31 new general students in 1890 out of 82 entries); St. Mary's about 300; Westminster 100; University College 309; King's College 205. The numbers on the whole appear to be on the increase, subject to fluctuations from year to year; at St. Mary's the number has more than doubled in five or six years. The total numbers entering for the full curriculum during several recent years were given as follows:— 587 in 1884, 647 in 1885, 623 in 1886, 683 in 1887, 688 in 1888, 620 in 1889.‡ The entrance fees for full students vary from 125 guineas down to 90 guineas. A student cannot enter before he is 16 years old; the majority are from 18 to 22 when they enter; some are older.

9017, 10170-5, 10586, 11164-5, 12350, 13094, 14203-6, 14744-6, 15309-11, 16042, 19029-32.

Woods, 1653-6.

13158.

Expense of schools and payment of teachers.

"502. Evidence was given respecting the expenses of the schools and the mode in which the professors and teachers are paid. Speaking generally, the remuneration of the teaching staff is certainly not high.

Mackenzie, 9028-31.

"503. At the London Hospital the gross income of the school is between 6,000*l.* and 7,000*l.*, and about 4,600*l.* were divisible in one year among the teaching staff.

Moore, 10657-67, 10736-48.

"504. At St. Bartholomew's the fees amounted in 1890 to 14,000*l.*, of which the school expenses (including certain small payments to assistant teachers, and all the working expenses) absorbed 4,000*l.* Both the lecturers and the clinical teachers are paid, the payment being allotted partly in relation to the amount of work done, and partly in relation to seniority. The general fee usually paid by the student represents separate fees for all the several lecturers, and each lecturer receives a proportionate sum out of the general fees paid by the students actually attending his class, a proper deduction being made in aid of the amount required for meeting the general expenses of the school; 700*l.* was mentioned as about the maximum amount paid to any one teacher.

Ord, 11173-83.

"505. At St. Thomas's two-thirds of the net income of the school (after payment of the expenses) goes to the lecturers, and one-third to those who teach in the wards. The amount allotted to each class is divided into a number of shares, and the payments received by the individual teachers vary from one share to six or eight. The total amount actually falling to any one man varies from 40*l.* to about 240*l.*, including remuneration both for lectures and 'practice.' The expenses in 1890 were about 3,000*l.* out of 8,500*l.*, but included certain minor salaries to teachers who had no shares.

Perry, 10184-208. Steele, 411-6.

"506. At Guy's the income of the school is about 11,000*l.*, and the expenses are 3,000*l.*; the remainder is divided into so many shares and distributed.

Whipham, 12356-62. Owen, 12421-31.

"507. The receipts at St. George's are about 4,500*l.*, and the expenses about 2,000*l.* Some of the teachers are paid by fixed salary, and the rest is divided, according to a fixed per-centage, among the holders of the senior lectureships and the clinical teachers. It was thought that no one took more than 100*l.*

Gould, 13097-103, 14844-5.

"508. At the Middlesex Hospital the fees have of late been 5,000*l.* and the expenses 2,000*l.* The surplus is divided into 600 shares, of which 360 are distributed among the lecturers, and 240 go to the three senior surgeons and four senior physicians as clinical fees. A single individual might, it was thought, get 380*l.* altogether for lecturers' fees and clinical fees. Each lecturer has to provide the materials for his lectures, which in some cases (*e.g.* chemistry) is a considerable expense.

Boyd, 14210-26.

"509. At the Charing Cross Hospital the gross revenue was 4,070*l.*, of which one-fifth goes to the hospital by way of rent, one-fifth goes for school management, and three-fifths are divisible among the staff and lecturers. The clinical fees are distributed accorded to shares; the school fees are allotted in the same manner as at St. Bartholomew's.

Page, 14747-57, 14776-87.

"510. At St. Mary's the income of the school is about 5,500*l.*; it was thought that a lecturer,

* Students are admitted at some other hospitals; but it is a rule of the General Medical Council that no clinical teaching is recognised in any hospital with less than 160 beds in use (Goodsall, 16973).

† Pages cxli, ii, §§ 254, 256.

‡ A witness said that the number of London pupils had rather lessened of late years owing to the advance of the Edinburgh and Cambridge schools (Owen, 12431).

lecturer, if he was also on the medical staff of the hospital, and gave clinical instruction, might get as much as 250*l.* as a maximum. The division is by shares. The expenses come to 3,500*l.*, irrespective of anything paid for teaching purposes, but including about 700*l.* given in money or deducted from the fees, for prizes and scholarships.

"511. The average receipts of the school attached to the Westminster Hospital are 1,860*l.*, and expenses 913*l.* The amount available for division is at first apportioned to school fees and clinical fees respectively, and then divided by shares. The maximum sum taken by any one teacher in a year rarely exceeds 100*l.* Allchin, 15312-26.

"512. At University College and King's College the division appears to be made in much the same way as at St. Bartholomew's, and the college and the hospital receive, in aid of their own expenses, a certain proportion of the school fees and clinical fees respectively. The maximum payment to any teacher in the college was said to be 400*l.* or 500*l.* The system is different from that of the other medical schools, inasmuch as the school belongs to the college and not to the hospital, and the college secures its professors and lecturers in the open market, and no preference is necessarily given to members of the hospital staff. The clinical fees at University College Hospital amounted in 1890 to 2,000*l.* Hill, 16046-61. Curnow, 19027-46. Nixon, 15753.

Residential colleges.

"513. Some, but not all, of the hospitals with schools have a residential college for their students, presided over by a dean or warden, who is one of the medical staff of the hospital, and is charged with the immediate superintendence of the students and all matters of discipline connected with the school. The college, however, has not usually accommodation for anything like the full number of students, and most of them lodge outside. At St. Bartholomew's, for example, the college accommodates about 30 students; it is said to be 36 years old, and to be the oldest in London. At Guy's there is accommodation for 52 students, besides the resident medical staff of the hospital; a student there pays from 9*s.* to 20*s.* a week for his rooms, and he can board for a guinea a week, or 13*l.* a quarter. At the Middlesex there is accommodation for 30 students. *St. Bartholomew's*, 2101-5, 2891-4, 10590-8, 10750-3. *Guy's*, 10139-68. *King's College*, 19032. *Middlesex*, 13175-8, 14869. *St. Mary's*, 14763-7.

"514. St. George's has no residential college, nor has St. Thomas's, or the Westminster, or Charing Cross, or the London. 12464, 11208, 15344, 14250 3142.

"515. There appears to be a considerable demand for the limited accommodation in the residential colleges, and some witnesses had a high opinion of their advantages on account of the better control which they gave over the students. The dean of the Middlesex Hospital School, however, did not think the experience of them in London had been very favourable; and at St. Mary's it was said not to be very popular, on the ground, apparently, of expense. Waterlow, 2892; Currie, 3143-5. Gould, 14869. Page, 14767.

Students' clubs.

"516. Another institution, commonly associated with the medical school, is a club or recreation room where the students can obtain meals and refreshment, and can meet socially; a system said to be a great benefit to them, and (according to one witness) more popular than the boarding system at the college. 8742-4, 9939-41, 10142, 10212-4, 11204-11, 12460-3, 13179-82, 14613, 15345. 10649-52, 14065.

Discipline of students.

"517. Many of the deans of medical schools, and other witnesses from the hospitals, were questioned respecting the discipline and general conduct of the students, and expressed themselves, for the most part, as well satisfied in this respect. Serious offences inside the hospital itself appear to be almost unknown. The affairs of the school come generally before the medical committee, subject, of course, to the control of the executive authority of the hospital. At Guy's any serious offence committed by a student would be brought under the notice of the medical superintendent, and be finally dealt with by the treasurer; but the superintendent is not concerned with the conduct of students living outside; and he said that it had never, in all his experience, been necessary to expel or rusticate a student. The dean of the medical school at Guy's thought that the superintendent had not made sufficiently clear the distinction between the maintenance of discipline in the medical school and in the wards; in the medical school the dean considered himself responsible, under the medical council, for the maintenance of discipline, but a student could only be actually dismissed by the treasurer. At St. Bartholomew's there is a discipline committee, which is a sub-committee of the medical committee, and to which the students are amenable for their conduct, whether within the hospital or outside; in a case calling for extreme measures the discipline committee would report to the committee of the school (consisting of the medical officers of the hospital and the lecturers), which has power of dismissal. At the London Hospital there is a college board composed half of medical men and half of laymen, and two members of the board are appointed every week as visitors, to whom all questions are referred between the meetings of the board. The board has full control over the students. St. Mary's has a similar body called the school committee; and at the Middlesex there is a small committee consisting of three lecturers, the secretary, and the dean, which meets once a month. Waterlow, 2693-4; Moore, 10653; Ord, 11205-7; Boyd, 14250-1; Allchin, 15346-7. Steele, 553; Clarke, 2099-100, 1409, 11487-90, 12097. Steele, 542-54, 649-59, 2930-7; Lushington, 9921-4; 10667-8; Perry, 10233-45. Clarke, 2093-8; Moore, 10598, 10672-80, 10708-26, 10735. Buxton, 8684-9, 8702-6. Page, 14758-60 Gould, 14846.

"518. At King's College reports of the students are sent three times a year to their parents. Curnow, 19058.

Clerks and dressers.
258–60, 1973, 10635, 11231, 18981.

" 519. A student during part of his training, after he has passed his examination in anatomy and physiology, is attached to one of the physicians or surgeons of the hospital as a clerk or dresser. During this portion of the curriculum he gains practical experience by attending his teacher in the examination and treatment of his cases. It was said, however (though some of the evidence appears to contradict this), that some students went through their whole course and became qualified practitioners without ever having been dressers or clerks, and without, in fact, any practical knowledge of their profession. Some regret was felt at the discontinuance of the old apprenticeship system, which it was thought sent a young man out into the world as a doctor better qualified to treat the sick than he generally is now when he begins to practise on his own account.

Brodhurst, 3994–4000, 4155–76, 4201–4.
Curnow, 18981.

Midwifery practice of students.
261–6, 328–34, 2424–8, 9215–21, 10635–41, 10662–6, 10965–9, 12003–6, 12150–2, 13057–70, 13085–91, 14862–8, 15117–9, 15641–2, 15957, 18975–7.

" 520. Midwifery cases are not taken in the general hospitals, and students learn this branch of their business by attending poor women within a certain radius of the hospital. At some hospitals the students, during this portion of their training, are called extern clerks. From Guy's, nearly 3,000 confinements* are annually attended by students, who are regularly superintended by two medical men appointed for the purpose. As there are not more than six or eight extern clerks at a time, the work in this department is sometimes very hard. Considered as a charity, the system appears to be worked in a somewhat indiscriminate way; but it was explained that this work was undertaken more for the sake of the students than of the women. In any case of difficulty it is the duty of the student to send at once for the doctor in charge.

Farmer, 3257–40, 3550–63, 3566–9.
Bhabha, 3960; Nixon, 9217; Todd, 12096; Fardon, 13059; Barlow, 15978–9.

" 521. It was objected that this midwifery practice of the students was very defective medically (from the inexperience of the students), and from the point of view of charity was much abused; and it was alleged (but denied) that a small crowd of students would go together to a single case, and that a student would be allowed to attend his first case without any more experienced person being present.

Connection of hospital with former students.
298, 460, 11253–4, 14186–7, 14315, 15398, 16026–8, 19014–5.

" 522. Several witnesses mentioned that a very large connection was kept up between a hospital and its old students who had gone out into private practice; cases being often sent up by them for consultation or special treatment, a practice beneficial both to the practitioner and to the hospital, as well as to the patient.

Students at special hospitals.
2238–41, 2346–51, 13764, 16094, 19600, 19942–3, 19962–3, 20890–2, 21097, 21693, 25543, 25575–6.

" 523. Though only 11 of the general hospitals have regular schools, some others and also several of the leading special hospitals admit students to see their practice, and regular clinical instruction is sometimes given, both to actual students and to those who have just qualified. But some witnesses thought that much more use might be made of the special hospitals for purposes of instruction.

Training of Female students.
Anderson, 16453–72, 16488–95.

" 524. Besides the 11 schools for male students, there is a medical school for women (the only one in England) in Handel-street, which does not belong to any hospital, but the students receive their clinical instruction in the Royal Free Hospital. The entrance fee is 110 *l.*, of which 70 *l.* goes to the school, and 40 *l.* to the hospital. Thirty-four students entered in 1890, the largest number on record. Women have the disadvantage that they are excluded from the qualifying examinations of the Colleges of Physicians and Surgeons, so that a larger proportion of them than of men go in for the more difficult examinations of the London University and the Royal University of Ireland. The female students have some difficulty at present in getting midwifery practice, as no arrangement has been made for it in connection with the hospital.

Anderson, 16427–500.

" 525. At the new Hospital for Women in the Euston-road the medical staff is entirely female, and use is made of this hospital for giving practical work to young female practitioners.

Proposed reforms of medical schools.

" 526. A great number of suggestions were made with a view to a reform of the medical schools. It was alleged against them that they had not originally belonged, and ought not belong, to the hospitals, and that they absorbed charitable funds intended for the relief of the poor; these objections have already been referred to. It was also asserted that they were too numerous and too small, that there was, in consequence, a great deal of waste in teaching power; that it was impossible adequately to remunerate the instructors, and impossible to obtain the services of the very best professors. The remedy proposed by one set of witnesses was the establishment of a great college or university for all the medical students in London. Others thought that a single institution would be unmanageable, but that there ought to be a limited number of colleges separate from the hospitals. The extent to which any such system could take the place of the present schools was the subject of some differences of opinion; some witnesses would separate everything, except the clinical teaching, from the hospitals; but the majority of medical men were convinced that only a certain portion of the more general subjects could be taught at a separate educational establishment.

Proposed medical university.
Clarke, 2092; Currie, 2984–7, 3098–101; Browne, 4684; Brodhurst, 3991; Woods, 1647–58, 1668–77; Brodhurst, 4063–81, 4107–14, 4153–78; Tait, 22329–40; Mackenzie, 2394–406;

" 527. Some witnesses were of opinion that the establishment of a medical university was much needed, in the interests both of discipline and of good instruction. It was argued that the teaching of anatomy, physiology, chemistry, and other subjects, ought to be

* Over 2,000 each at the London and St. Thomas's.

be in the hands of men who had made these subjects their constant study, and not of medical men attached to a hospital, who merely took them up for the purpose of lecturing to their pupils. Such a class of professors could, it was urged, only be found in a university or an educational establishment of great and general importance; and, if all the students brought their fees to a single institution of this kind, it would be possible to find adequate remuneration for the teachers. The medical teaching at Vienna was, by one witness, held up as a model of all that teaching should be.

" 528. On the other hand, the separation of medical teaching from the men actually engaged in medical practice was deprecated as being likely to give the student a scientific and theoretical rather than a practical knowledge of his profession. This was the view of several medical witnesses.

Separation of theoretical from practical teaching deprecated.

Clarke, 2086, 2110-1; Perry, 10181; Gould, 13114-7; Boyd, 14235-8.

" 529. Other witnesses, who were opposed to any interference with the larger of the existing medical schools, thought it would be a good thing if some of the smaller ones could be amalgamated, or if there were some central schools where their students could be instructed in the scientific or non-professional subjects. Amalgamation was also advocated on the ground that it would widen the field of clinical teaching.

Suggested partial amalgamation of smaller schools.

Clarke, 2084; Perry, 10180-2; Ord, 11159; Allchin, 15328; Curnow, 190-6; Tait, 22378. Bousfield, 1503-4.

" 530. On the other hand, it was pointed out that a hospital was not obliged to provide a complete course of instruction in all subjects; but that the students at one hospital could go to another for any particular branch of study.

Hill, 16068.

" 531. It was thought that the reform of the schools could not be carried out without out some greater powers than now exist, in consequence of the vested interests involved in the continuance of the existing system. An Act of Parliament would, it was thought, be required; and the bodies to be brought together for the formation of the proposed university or central school would be the University of London and the Colleges of Physicians and Surgeons.

Need of compulsory powers.

Drowne, 4684-6. Brodhurst, 4050, 4090, 4209-13; Thomson, 4462.

" 532. Another suggestion was that the University of London ought itself to become a teaching university; and a scheme for that purpose, and for the foundation of a medical faculty which should have a general supervision of medical education, has already seen the light.

Proposed medical faculty.

Fenwick, 7672; Gould, 13167-74; Willcocks, 14326-30; Allchin, 15333.

" 533. The treasurer of the London Hospital urged the great advantage of competition, and thought that nothing could work better than the present system; and other witnesses spoke highly of its merits, and deprecated a change.

Efficiency of present system.

Buxton, 8730-3, 8740-1; Mackenzie, 9034-40; Moore, 10598-609; Ord, 11136-6, 11212; Clutton, 12336-8; Willcocks, 14331-6; Gould, 13105-8.

Clark, 8704-5.

" 534. Sir Andrew Clark's opinion was that the medical education in London was about the most practical education given anywhere in the world; but he thought it would be improved if the schools would unite together and have two or three great centres for the teaching of the general subjects, physiology, chemistry, natural history, pathology, and the like, which it was impossible for the smaller schools adequately to teach.

" 535. This view, that one or more central colleges would be useful for teaching some of the general subjects—the "pre-professional" subjects as they were termed by one witness—to the students either of all the existing schools, or, at all events, of the smaller ones, was held by a good many other witnesses; but it was not always agreed which were the particular subjects to which this reform should apply. Pathology, for instance, was mentioned as a subject which could best be taught, as it is now, in direct relation to the sick. Chemistry, it was thought, could be taught at the schools before the student began his medical course of study. One witness thought that anatomy and physiology could best be taught at the hospitals; but that chemistry and botany might be taught at a school. And several witnesses thought that there was no need to set up a central university or schools for the teaching of those subjects which could be taught away from the hospitals, but that they could equally well be taught at existing schools and colleges all over the country.

Proposal to withdraw from hospitals the teaching of some general subjects.

Mackenzie, 9053; Perry, 10180-2, 10211; Moore, 10610-2; Ord, 11159-61, 11187-93, 11213-4; Clutton, 12344-8; Whipham, 12363-70; Owen, 12468-75, 12480-8; Fardon, 13074-6; Barnes, 13819-23; Boyd, 14228-33; Page, 14761-2; Dent, 15448-9; Bury, 16625-7; Tait, 22558-60.

" 536. The deans of the medical schools at the Middlesex and Charing Cross Hospitals thought that, at the preliminary examination for admission as medical students, the candidates should be required to pass in such subjects as chemistry, physics, and biology (but not anatomy or physiology, because those subjects cannot be taught by lectures only).

Gould, 13109-14. Boyd, 14242-9, 14252; Page, 14768-70; Allchin, 15329-32.

" 537. A doubt was, however, expressed whether any of these preliminary or general subjects would be as well taught outside the hospital. It was feared that there would not be the same interest in the teaching, and that the student would acquire a routine and useless knowledge.

Hill, 16062-84.

" 538. But little evidence was taken upon the subject of the examinations of students; the opinion was expressed that the qualifying standard needed to be raised, and made uniform; but it was not seen how this could be effected unless a central examining board were set up.

Standard of examinations.

Boyd, 14254-82.

" 539. Complaints were made of the difficulty of obtaining bodies for dissection. It was suggested that it should be made compulsory on the workhouse authorities to send the bodies of unclaimed paupers to the hospitals for this purpose.

Difficulty of obtaining subjects for dissection.

Gould, 14848-51. Allchin, 15349-50; Anderson, 15502.

Want of access to infectious cases.

720, 758-62, 893, 824-7, 1505-7, 1753-5, 2385, 2862-5, 3487-8, 4354-7, 7688-9, 9157-9, 1717, 14852, 16086-9, 16475, 21693, 22387-93, 25575.

"540. The great need of access for students to infectious cases, for the purpose of study, was a matter which was thought to require urgent attention. Until quite recently the medical training available seems to have been almost entirely deficient in this respect. The recent opening of the fever hospitals for this purpose will, it is hoped, remove this defect.

"541. The question of opening the poor-law infirmaries and dispensaries to students is elsewhere referred to." (*See* pp. cxxxix, clxi.)

"HOSPITAL SUNDAY FUND.

Waterlow, 2748.

"542. The Hospital Sunday Fund was originated in 1873; the amount then collected was 27,000*l.* The fund has increased yearly. In 1889 it reached 41,700 *l.* A collection is made in nearly every chapel and church of every denomination on a certain Sunday in June. In 1889, 1,655 collections were made. The money collected is sent to the Mansion House, and is distributed by the Council of the Sunday Fund, being apportioned on the "needs and merits" of each institution. The fund prepares a form into which all accounts have to be analysed; and if information is deficient, more clear information is required, or a special form of accounts has to be filled up.

2753.

"543. They try to arrive at the sum required by the hospital from the public, and this is called "needs." The expenditure is divided under two heads, maintenance and management; maintenance includes all that is necessary for the care and treatment of the patient, including nurses' salaries and annual cleaning. Under management come expenditure in administration, salaries of secretaries, collectors, printing, advertising. Then as the management is extravagant, compared with the maintenance, so is the "merit" estimated.

"544. In some cases secretaries are called for explanations. After explanations, it sometimes occurs that the contribution is refused; four were refused in 1889. Five others did not send their officials to attend and confer with the authorities of the fund. The witness thought that the influence of the Sunday Fund had been usefully exercised to discourage the increase of special hospitals, though no direct steps had been taken with this end in view. To maintain the 1,800 unoccupied beds, he estimated 50,000 *l.* to 55,000 *l.* was required.

2766.

2780.

Hardy, 1093.

"545. A hospital established for three years may get on the Hospital Sunday Fund.

"HOSPITAL SATURDAY FUND.

Acland, 22846.

"546. The Hospital Saturday Fund differs from the Hospital Sunday Fund in that the collections for the latter are made once a year in all churches and places of worship, the clergy advocating its claims from their pulpits. The Saturday Fund attempts to collect small sums from working men weekly, for which purpose collecting sheets are distributed quarterly, ruled for a weekly collection. Where this weekly collection is impracticable, an attempt is made to introduce an annual collection.

22804.

"547. The Saturday Fund was started in 1874 to interest the working class in hospitals, and to get contributions from that class to aid them. It is a working man's fund. It is incorporated under the Companies' Acts as an association not for profit. In 1874 the street collection was 258 *l.*, and the shop collection about 5,000 *l.*; in 1890, 5,096 *l.* was collected in the streets; and 15,237 *l.* in the workshops and similar places. The witness thought that the street collection had about reached its limit, but that the workshop collection had infinite capacity for extending. The largest subscriptions came from the printers, and a small amount is received from clubs.

22806.

22812.

"548. The fund is governed by a board of delegates elected in the workships, which is supreme. There are four committees, including a surgical appliance committee elected by the board, each committee consisting of 12 members; and there is, besides, an executive committee composed of the representatives of the other committees and the honorary officers of the fund. The witness thought there were seven or eight actual working men on the executive committee. There are also local committees composed of persons interested in the work of the fund, but not necessarily members of the board of delegates, which are principally engaged in organising the street collection. The committee work is done in the evenings to enable the working men to attend. In 1890 there were 4,301 subscribing firms. No award is made to any institution which is not governed by a committee. The funds are distributed thus: the whole amount to be distributed is divided into three parts, the first, composed of three-fifths of the whole, is set aside and distributed in proportion to the relief afforded by the different institutions; and the other two parts, each consisting of one-fifth of the whole, are distributed in proportion to the economy and efficiency shown by the different institutions. The fund receives letters of recommendation in proportion to grants, sometimes

22818.

22823.

on

on the same scale as ordinary subscribers, sometimes on a special scale. The letters are distributed through the collectors in the workshops.

" 549. No commission is paid, but considerable salaries are paid. The main aim of the fund is to collect small weekly subscriptions from the classes who cannot give considerable sums at one time. 22824.

" 550. The evidence having been summarised in the preceding pages of the Report, it only remains for your Committee to draw their conclusions and to make certain recommendations, taking the subjects in the order in which they occur in the *précis*.

" 551. Your Committee observe that only when the endowed hospitals wish to interfere with their estates, or to alter the conditions on which they administer charity, can the Charity Commissioners effectually intervene. The practice is that the endowed hospitals usually send their accounts annually to the Charity Commissioners; but the action of the Commissioners is limited to receiving these accounts, and your Committee consider that it is anomalous that the Commissioners receiving these accounts should have no power of audit, interference, or control over the expenditure; and they recommend that the Charity Commissioners' power should be increased in this direction.

" 552. For the building of St. Thomas's Hospital the authorities had to borrow 100,000 *l.* at the rate of 4 per cent., which was afterwards reduced to 3 per cent. St. Thomas's Hospital has 27,000 *l.* invested with the Charity Commissioners, and your Committee considered that the Charity Commissioners would have acted more wisely had they caused the Charity to borrow its own money.

" 553. In the case of the three endowed hospitals, your Committee are of opinion that the system of administration does not compare favourably with that employed at the other general hospitals. In all cases it throws too much power and responsibility into the hands of one individual, the treasurer; though in this respect St. Thomas's Hospital is more modern in its management than the other two. Your Committee especially remarked upon the circumstances set forth on page 5 of this Report, which show from a report by Dr. Thorne, that the Nursing Home of St. Bartholomew's Hospital was in a very unhealthy state, to such an extent that 23 nurses and three ward maids were attacked with diphtheria. And proceeding further with Dr. Thorne's Report, a copy of which appears in the evidence, your Committee consider that had there been a large cammittee of men alive to the responsibilities of their office such a disgraceful state of things would not have been allowed to supervene. It appears in the evidence that there is an official on the staff called the surveyor, in receipt of a salary, bnt during the three years that he had been in office he had never been called upon to make a thorough examination of the drainage of the hospital; and though a report was called for, it was not a thorough report, the excuse being given that it had to be ready by a certain date, and that there was not time to make it as thorough as it ought to have been. Your Committee observe that St. Bartholomew's is independent of annual subscriptions, and the saving amounts at present to somewhere about 7,000 *l.* per annum. This lapse of vigilance in regard to their drains is, in the opinion of your Committee, the more inexcusable, owing to the affluent circumstances of this great Charity.

" 554. Your Committee would suggest that in all these endowed hospitals the government of each should be carried on by a system of weekly boards and sub-committees; care being taken that a suffieient number of members are appointed to insure a suitable numerical attendance at each meeting.

" 555. As regards St. Thomas's and Guy's, your Committee greatly regret to remark that owing to the want of funds occasioned by fall of values for the most part in agricultural rents, a certain number of beds are obliged to be kept vacant in each hospital, while others are let to paying patients, thereby failing to fulfil the provisions of the founders of these hospitals, whose intentions appear to have been that they should have been carried on for the sick poor exclusively.

" *Remaining Eight General Hospitals with Schools.*

" 556. In regard to the eight general hospitals with schools, your Committee recognise them, in conjunction with the three endowed hospitals, as being the 11 great and most important of the voluntary institutions which relieve in a great proportion the requirements of the sick poor.

" 557. The sources of income of the endowed hospitals, and their requirements, are already noted in the foregoing pages of the Report.

" 558. These eight hospitals, as is already shown, depend entirely for their support upon voluntary contributions, excepting here and there some small endowment.

" 559. Their systems of management, which are shown greatly to resemble one another, your Committee consider to be good; and your Committee are much interested to note the enormous amount of work which appears to be well done by the unpaid boards of managers; and, so far as the Committee are able to judge, they appear to exercise great care in the appointment of their medical as well as of their administrative officers.

"560. Your Committee desire to remark as to the personal nursing dispute appearing in the evidence on the London Hospital. Your Committee are of opinion that the difficulties alluded to would have been avoided had the executive in charge of the hospital at that time not allowed their authority to lapse into the hands of salaried individuals. In justiee, however, to the London Hospital, your Committee wish to add that there is little doubt but that the London Hospital is an admirable Hospital, doing work in a part of London where it confers inestimable benefits upon a very large and a very poor population. They, therefore, think it is deserving of the greatest measure of charitable support.

"561. Your Committee recognise the advisability, under present circumstances, of maintaining the individuality of these general hospitals, and they consider that the generous rivalry, promoted by the individuality, tends to administrative and medical excellence.

"*Out-patients and Dispensaries.*

"562. Your Committee received much information *pro* and *con* out-patients. On the one hand were set forth the advantages of large out-patient departments for teaching purposes, and for the relief of the poor, as they are open at all times day and night; and the great advantage they might be as centres for consultative purposes. On the other hand it was urged that unlimited medical relief was the first step towards pauperising large masses of individuals. It was urged by these witnesses that every one should belong to a provident association, and those who had not the means to belong to a provident association could obtain relief from the institutions provided by the Poor Law.

"563. It was suggested that it might be advisable to map out London into districts; and that an individual leaving one district would therefore leave the provident medical association of such district, and would easily attach himself to the provident medical association of the district of which he was to become an inhabitant. But your Committee, agreeing that such a state of things would be highly desirable if it were practicable, do not see that in London, with its heterogenous and migratory population, such an organisation would be possible under the existing circumstances of free charities.

"564. It is considered by your Committee that by the abolition of the out-patient departments medical education would be the loser, and further, that by the sending about of the sick from place to place there would be a great possibility of physical injury to the suffering, and that on the whole it must be left to the authority of the hospitals themselves to arrange the organisation of the out-patient department, with the view of rapidly attending to the requirements of the public, of insuring as far as they can that the charities shall not be abused, and in fact to properly carry on the charitable work for which object the voluntary contributions are bestowed.

"565. Your Committee incline to the opinion that the charities are not abused, nor do they think that it was by any means proved that patients are carelessly treated, or wrong treatment administered by students instead of thoroughly qualified medical practitioners.

"566. On reviewing the evidence as to the different systems pursued by the different great general hospitals, your Committee think that, on the whole, the system which obtains at St. Thomas's Hospital is perhaps the most convenient and methodical.

"567. Your Committee would impress upon the managers of general hospitals that inquiries should be made, where experienced officials think there is cause for suspicion, so that the patient should establish a *primâ facie* case for charitable relief.

"568. Your Committee are by no means convinced that where a special inquiry officer is employed his services are adequate to the requirements, nor does the hospital get the value of the cost he would incur; but they would recommend the authorities to work in as much as possible with the Charity Organisation Society and other institutions for the suppression of mendicity.

"569. It was not always easy to obtain from witnesses the exact amount of the work of an out-patient department, because the return of new cases only showed about a third of the work done; and it was generally agreed that each patient attended on the average about three times; in this respect the returns given by some hospitals were not reliable. Your Committee, without attaching much importance to the statements as to the reduction of fees of practitioners among the poor by the free work of the hospitals, admit that it is obvious that the competition of the charities would tend to reduce them.

"570. Medical practitioners should be encouraged as much as possible to take advantage of the out-patient departments as centres for consultative purposes, and, from the evidence of many hospital witnesses and others, this is already done to a certain extent.

"These latter remarks apply substantially to free and other dispensaries; in the case of dispensaries, the patient should be left in the hands of the medical practitioner, and not necessarily taken into the hospital.

" Distribution of Hospitals.

" 571. Your Committee mark with regret that on the south side of the Thames there is very little hospital accommodation compared with that on the north side.

" 572. St. Thomas's Hospital and Guy's Hospital, already shown to be obliged to close many of their beds to the sick poor, are the only large general hospitals south of the Thames.

" 573. One witness from the south side described the medical relief as lamentably deficient; at the same time it was stated that Lambeth Infirmary was full. Looking to the north side of the Thames, especially in the region of Soho, there is great congestion of hospital accommodation; and your Committee note the statement of one witness of the fact that within one mile of the Middlesex Hospital (Berners-street, Oxford-street), there are over 2,050 hospital beds, as well as 13 dispensaries of various kinds; in fact, that by far the greater proportion of charitable medical relief is on an area of two square miles.

" 574. In addition to this local accommodation for the sick, there is the Marylebone Infirmary, at Notting Hill, where there is accommodation for 650 patients; Paddington Infirmary, 180 beds; and Central London Sick Asylum, 264.

" 575. An idea was put forward for the possible removal of certain hospitals from places where they are not so much required to those localities where the accommodation is deficient. Your Committee cannot regard them as practical, but they would strongly advise that more hospital accommodation is required south of the Thames, and were it possible to find the site, and were philanthropic endeavours to be made for further accommodation for the sick in London, a large General Hospital, say in Camberwell, would no doubt be of extreme value to that crowded district.

" 576. Your Committee do not lose sight of the tendency of individuals to favour some particular hospital, and many instances were given of patients passing four or five hospitals, while on their way from their homes to a particular hospital in which they had confidence. Though your Committee cannot doubt that this is a fact, and that possibly this migratory disposition would not be checked by the building of a large general hospital in Camberwell, they nevertheless strongly adhere to their expressed opinion that more hospital accommodation is necessary.

" Education.

" 577. Your Committee had before them all the Deans of the medical schools, in addition to hearing the opinions from some of the acknowledged heads of the profession, many witnesses put forward views in favour and against central colleges for the teaching of some pre-professional subjects. Your Committee consider it well worthy of consideration whether a useful purpose would not be served by the medical schools in London affiliating themselves to a teaching university or organisation, after the nature of colleges in a university, with the view to the securing first-rate lecturers for the pre-professional subjects which are taught in classes as opposed to clinical instruction.

" 578. As the number of medical students appears annually to be increasing this requirement is becoming more urgent.

" 579. Your Committee observe that a very useful field for medical instruction is at present closed to medical students, namely, the Poor-law infirmaries. It was the opinion of nearly every witness that these infirmaries could be usefully opened for instruction.

" 580. In this your Committee heartily concur. In addition to the large field for instruction they agree with the opinions expressed that the presence of students is to the practitioners stimulating in its effect, and in a certain sense critical; and from the evidence they have received they are convinced that where a system of classes of students is carried out under proper regulations the poor have no objection to numbers (including the practitioners and the students) surrounding their bed-sides.

" 581. Your Committee cannot point to more than three hospitals where female clinical clerks are employed. The Hospital for Children, in Great Ormond-street, Royal Free, and New Hospital for Women witnesses testify to the ability and address with which their duties were performed; and they suggest that each general hospital should employ a certain number of female clinical clerks. They would also recommend that female students should have the advantage of competing at the qualifying examination at the Royal College of Surgeons and Physicians, from which they are now excluded.

"*Special Hospitals.*

"582. The case of special hospitals, and the arguments urged for and against this class of hospitals, are summarised in the preceding pages. Hospitals for certain diseases of patients; for example, for incurables and children, do not appear to your Committee to be open to the strictures made on special hospitals.

"583. Lock hospitals form a separate subject for consideration. Your Committee think that the nature of the disease and the character of the patients make it desirable that they should be treated in separate buildings, or, at all events, in separate wards from other patients. Your Committee have had their attention particularly directed to the fact that the female patients in these hospitals are in the habit of quitting the hospital in a diseased state on the arrival of a ship at port, or on other opportunities, such as the Derby Day, fairs, &c., for pursuing their avocation. Your Committee recommend that the provisions which prevent a patient leaving a hospital when suffering under an infectious disease should be extended to persons labouring under contagious diseases, and in particular to venereal disease.

"584. Scientific and educational objection has been made to hospitals on the ground that exclusive attention to a particular disease tends to narrow the mind and to induce a specialist to imagine that all complaints are in some measure connected with the disease to which he has devoted so much attention. Your Committee admit that there is a certain tendency in any special study to dwarf the mind, but any such consequence is practically avoided if the practitioner goes through a sufficient course of general hospital and other general practice before he elects to devote himself as a specialist to a particular disease. It is impossible to prevent the natural consequences of the great competition in London to force men into eminence in respect of their special knowledge and familiarity with particular complaints. After all the evidence presented to them it seems to your Committee that the real hostility, so widely shown by the medical profession to special hospitals, renders it the fact that numerous small hospitals for special diseases have been instituted by medical men for the purposes of their own aggrandisement, and that such a course of action leads to the establishment of hospitals where they are not wanted, to waste of money incident to the creation of badly managed and small institutions, and to the deception of the public by inducing them to subscribe to undertakings alleged to be of public benefit, but which are in reality mere schemes for private emolument, and also useless for teaching purposes.

"585. Your Committee consider that the charge of abuse is substantiated in regard to some small special hospitals. This class of small special hospitals to which your Committee referred, of which examples appear in the Blue Book already furnished to your Lordships, your Committee do not consider of any real benefit either to the sick or to science; and instituted as they appear to be in incommodious buildings, and under unsanitary conditions, your Committee would deprecate the increase of such institutions.

"586. To put a stop to this practice, it has been suggested that a Government, or partly official, Hospital Licensing Committee should be formed, and that no hospital could be established without a license from such authority.

"587. There is one special hospital known as the Royal Hospital for Incurables, at Putney, to which allusion is made in the *précis*. While in receipt of very large support, having a surplus in 1889 of 16,000 *l.*, the authorities of this hospital appear incapable of effecting reforms, and are extremely resentful of external interference.

"588. From the evidence, your Committee would strongly recommend reforms in this direction: That a resident medical officer should be appointed with entire control, as in the case of the Poor-law infirmaries; That there should be appointed a ladies' committee, as a large majority of the patients are females; that all nurses should be hospital-trained; that the contracts for food, and stores of all kinds, should be by open tender, and that the general supervision by the body, styling themselves the committee, should be greatly increased; and until these reforms have been made your Committee consider the institution is unworthy of support.

"*Co-operation.*

"589. Your Committee regret to remark that there does not seem to be any genuine wish for co-operation between the various kinds of medical institutions. They are of opinion that much more might be done than is at present done by the hearty co-operation between the special hospitals and general hospitals, between dispensaries of all kinds and general hospitals, and between general practitioners and general hospitals. It would be an early duty of a central board to devise some scheme to further co-operation.

" *Nursing.*

" 590. The subject of nursing is treated at length on pages 59 to 69. A certain amount of variety exists as to the hours of employment of nurses in the general hospitals in London. Your Committee consider that an eight-hour working day, exclusive of the time for meals, is sufficient for a hospital nurse. In constructing future hospitals care should be taken that sufficient accommodation for nurses should be provided to allow of the nursing being done in three shifts. They would gladly see a three-shift system in vogue at every general hospital at the present day, but they are well aware that, owing to the limited accommodation, in the older buildings, at any rate, amongst London hospitals, such a policy would be impracticable unless the number of patients is materially reduced, or very extensive alterations in construction carried out.

" 591. They would suggest that every nurse in the large and busy hospitals in London should have at least two days off in the month, and two half-days in the week, and one hour in every day; and that the period of holiday should not be less than three weeks; that not less than one full hour should be allowed for dinner; and while, on the whole, the food of the nurses appears to be good, yet, from the nature of the occupation of nurses, special care ought to be exercised that as well as being sufficient in quantity and in quality it should be served in an appetising manner. To bring about this end your Committee are strongly of opinion that at the nurses' dinner one of the head officials of the hospital should preside.

" 592. Your Committee note with satisfaction the great preponderance of opinion that the health of nurses in London is good.

" 593. Where the funds of the hospital permit, pensions should be provided for nurses after service of 15 years, whether by the hospital following the example of the London and Guy's, by joining the National Pension Fund for Nurses, or by the hospital for providing a special pension out of its own funds.

" 594. Nurses in the ward should not have their nursing duties increased by doing housemaid's work, such as scrubbing and dusting, and other menial service. For that purpose, as in the case of most hospitals, the class of servant termed 'ward maids' should be employed. While your Committee recognise that the matron must be greatly responsible for the appointment, and dismissal, and general conduct of the nurses, they are strongly of opinion that no absolute power ought to be given to any matron, but that the appointments and dismissals should be made by the chief executive authority of the hospital. It is to be observed that many hospitals send out nurses after a certain period of training at sums varying from one guinea to three guineas a week to private patients. That these nurses bring considerable addition to the funds of the hospital there can be no doubt. Your Committee consider that this is a good practice, so long as it is understood that the wards are not denuded of nurses in order to bring funds into the hospital. For this purpose a separate staff should be employed. They are of opinion that the minimum period after which a nurse can be advertised as thoroughly trained is three years; and considering the large amount of money these nurses can earn for the hospital, your Committee think that a sliding scale commission on their earnings, mentioned as being in practice at one of the large general hospitals, appears to be a fair addition to wages they earn from the hospital.

" 595. In regard to male nurses, who appear to be only used in cases of violent patients, with the exception of two hospitals, every care should be exercised to secure the services, if not of qualified men, of thoroughly reliable individuals.

" 596. Nursing in the Poor-law Infirmaries differ in various institutions. Some train their own nurses. In some a large proportion of nurses are hospital trained; and the Committee regret to find that one half of the matrons are not regularly trained nurses. Your Committee are strongly of opinion that all matrons should be trained nurses, that not only all matrons but that all nurses in a Poor-law Infirmary should be hospital trained nurses; they would recommend that no nursing whatever should be done by paupers. Your Committee remark that there is no separate infirmary at Bethnal Green, and they observe with surprise and regret that there appears to be at this institution a regular staff of less than 20 nurses, some of whom are 65 years of age, and that as many as 80 paupers are employed as nurses.

" 597. Your Committee consider that the number of nurses should be increased throughout the infirmaries, and that infirmaries should train their own nurses. This system already exists at one of the largest infirmaries in the Metropolis.

" *British Nursing Association.*

" 598. Your Committee consider that the arguments in favour of the registration of nurses outweigh those against it, and they recommend that the charter desired by two associations should be granted.

" *Poor-law Infirmaries.*

" 599. On the whole your Committee are inclined to think that the system of organisation which places the resident superintendent in charge of the whole institution is a good one.

" 600. Your Committee avail themselves of the suggestion of Miss Twining that lady inspectors for infirmaries, especially as regards the nursing department, would be a welcome addition to the staff of the Local Government Board.

" 601. While your Committee are of opinion that the new Poor-law infirmaries established since 1868 are well-managed institutions, they think that further accommodation is required, as it was pointed out that a large number of sick poor have to be maintained in the sick wards of certain workhouses. The medical supervision is less efficient in the workhouse, while the nursing is altogether inferior. Your Committee adopt Dr. Bridge's suggestion that the accommodation in infirmaries should be increased so as to take those sick who are now housed in the workhouses. A notable instance exists in the case of the three unions: the Strand, St. Giles's, and St. James's, which have but a single infirmary between them, the London Central Sick Asylum, containing only 264 beds, while Bethnal Green has no infirmary whatever. Your Committee repeat and accentuate the strong representations that have already been addressed by the Local Government Board to the guardians with a view to increasing their sick accommodation, and, moreover, that if the powers of the Local Government Board are insufficient to this end they should be extended.

" 602. The want of accommodation for the sick is notable as regards the Whitechapel district, where a state of things revealed shows at times that the Whitechapel infirmary has 10 per cent. more patients than its proper complement. And your Committee draw the same attention to this fact as they have already done as regards the unions of Bethnal Green and the Strand.

" *Hospital Saturday and Sunday Funds.*

" 603. While your Committee recognise the value of the exertions of the Hospital Saturday and Sunday Funds, they think they would be more valuable were their investigations more searching.

" 604. Your Committee think the public might subscribe more freely, could they believe that by these organisations they were really protected from those hospitals which it was undesirable to support.

" 605. The terms " work done " in the Sunday Fund, and " relief afforded " in the Saturday Fund, appear to be a premium on competition for patients; and also a stimulant to get rid of patients before the cure is complete, with a view to show as large as possible a return of patients in the year.

" 606. Your Committee are by no means sure that the street collections by the Hospital Saturday Fund are advisable, for it enables many institutions, which it may be undesirable to support, to start street collections of their own on other days than those appointed by the Hospital Saturday Fund.

" *Proposed Central Board.*

" 607. Various proposals for a Central Board are set out on pages cxlii-v, of this Report. Your Committee do not incline absolutely to any one of these proposals. They are of opinion that, as there is no Government grant, the interference of a Government officer for inspection would be unwise, and they think such interference would tend to check the flow of voluntary contributions, and to some extent would relieve the responsibility of the unpaid Boards of Managers.

" 608. Your Committee do not think that such a Central Board should be given any statutory powers as regards the formal licensing of any hospital built, or about to be built. They would recommend that the proposed Central Board should be granted a charter to entitle it to receive endowments, legacies, bequests, and contributions for distribution to medical charities, and in order to meet its own necessary expenses; and might be organised in the following way:—

" The various hospitals and dispensaries of all kinds should be grouped.

" The smaller hospitals should be grouped according to the classes of disease which they treat.

" Each general hospital, with or without school, might be considesed a group.

" Each group would send one or more delegates to be members of the Central Board.

" The heads of the great Medical Corporations, *e. g.*, the Royal Colleges of Surgeons and Physicians, the Medical Council, and the Society of Apothecaries, might become members of this Central Board.

" The free and part-pay dispensaries might send one member, and the provident dispensaries also one member.

" A table (marked " A ") is attached, suggesting details for the formation of such board.

" The Hospital and Saturday and Sunday Fund might send one member.

" The duties of this board might be of the following nature:—

" (1.) To receive annual reports, statements of accounts, and balance sheets, from all hospitals and dispensaries, together with a return of the total number of in-patients, out-patients, and casualty patients.

" (2.) It

"(2.) It should require that all accounts be audited by competent chartered accountants.

"(3.) It should arrange that all medical charities should be visited and reported on periodically.

"(4.) It should publicly report annually to the London County Council, the principal heads of which report might be as follows:—

"(A.) A statement as to the pecuniary position of each medical charity, showing the balances brought forward.

"(B.) A statement by a competent authority as to the existing sanitary condition and ventilation of each hospital.

"(C.) An account of the number of beds in use, the number of beds unoccupied, and the reasons why they are unoccupied. The average daily number of occupied beds, details as to beds for which payment is made, and the number of resident medical staff, resident officers, nurses, and servants.

"(D.) A statement as to the method according to which each hospital deals with its out-patients and casualty departments, and the number of each.

"(E.) The proposals for the removal of hospitals and dispensaries to places where further hospital or dispensary accommodation is required, the proposals for the establishment of new hospitals, and all other matters of interest relating to the treatment of the sick poor.

"(F.) The nursing at hospitals, and the proceedings of nursing associations in the metropolis.

"(5.) The proposed board should early turn its attention to the possibility of organising medical charity, as to co-operation of medical charities with one another, and the co-operation of medical charity with general charity.

"TABLE A., referred to in previous page.

"Suggested Grouping of Hospitals for Purposes of Representation on a Metropolitan Council of Supervision.

Group of Hospitals, &c.	Number of Beds.	Number of Representatives.	Total Representatives of Groups.
3 Endowed hospitals	1,912	6	
8 General, with schools	2,613	10	
9 General, without schools	837	4	
			20
16 Women, and women and children	926	4	
4 Consumption	511	2	
2 Dental	-	1	
3 Incurables	-	1	
2 Cancer	141	1	
4 Paralysis and Epilepsy	240	1	
3 Orthopœdic	113	1	
2 Seamen and Accidents	308	1	
5 Ophthalmic	197	1	
5 Throat and Ear	52	1	
7, 4 Skin and 3 Fistula, &c.	112	1	
1 'Lock	208	1	
1 London Fever	180	1	
4 Lying-in	132	1	
7 Foreign and pay	249	1	
Free and part-pay dispensaries	-	1	
Provident dispensaries	-	1	
			21
General Medical Council	-	1	
Royal College of Physicians	-	1	
Royal College of Surgeons	-	1	
Society of Apothecaries	-	1	
General Practitioners	-	1	
University for London	-	1	
			6
Chairman of Committees on Charities of London County Council	-	1	1
Sunday Fund	-	1	1
Saturday Fund	-		
Nursing Association	-	1	1
		TOTAL	50

"609. While this board would not have any direct or legal power for stopping the building of a new hospital, or altering bad systems of organisation in the existing institutions, your Committee think that the fear of adverse comment in the annual report of the board, or omission from recommendation in that report, would be power enough to cause proper administration in hospitals.

"610. The authority that the board would wield would be moral suasion backed up by the power of the purse, and your Committee think that the board should assist and work in with the Hospital Saturday and Sunday Funds, and in addition to the caution which is exercised by the administrators of those funds no grant should be made to any institution whose application was not endorsed by the central body.

"611. There can be little doubt that in times of pecuniary difficulties of any individual hospital or group of hospitals appeals to the public would have greater weight were they supported by a body of responsible men who were conversant with the merits and the means of all the medical charities in London.

"612. The expenses of this board might be defrayed by levying a small percentage on the gross income of each group of hospitals sending a delegate to the board.

"613. It has been conclusively proved in the evidence that the general hospitals in London are maintained principally by the legacies they receive, and large donations from unexpected quarters. In most cases the subscriptions from annual subscribers do not suffice to pay the wages of the servants and nurses employed in the service of each hospital, to say nothing of the cost of maintenance and administration. It has been authoritatively stated that from 50,000 *l.* to 55,000 *l.* per annum are required to maintain the 1,800 or 2,000 vacant beds which are said to exist.

"614. One endowed hospital is maintained entirely by its endowments, but the two others are so short of funds that many beds are not open to the sick poor.

"615. Your Committee remark also that the locality of hospitals leaves much to be desired, especially as regards the south and south-east of London.

"616. In sketching the foregoing outline of a central body, your Committee are desirous of expressing their opinion that some organisation of medical charity is most desirable. They cannot shut their eyes to the possibility that if some such organisation is not established, a day may come when it will be necessary for Hospitals to rely upon municipal subvention, a circumstance which your Committee would most deeply deplore.

"617. It but remains for your Committee to acknowledge the readiness with which the authorities of the medical charities and of the Poor-law institutions have laid all the information desired before the Committee of Your Lordship's House."

Then it is moved that the said Report be considered.

The same is agreed to.

Paragraphs 1 to 3 are read and agreed to.

Paragraph 4 is read and agreed to, with amendments.

Paragraph 5 is read and agreed to.

Paragraph 6 is read and agreed to, with an amendment.

Paragraphs 7 and 8 are read and agreed to.

Paragraph 9 is read and agreed to, with amendments.

Paragraphs 10 to 16, inclusive, are read and agreed to.

Paragraph 17 is read and agreed to, with amendments.

Paragraph 18 is read and agreed to, with an amendment.

Paragraphs 19 to 38, inclusive, are read and agreed to.

Paragraph 39 is read and agreed to, with an amendment.

Paragraphs 40 to 42, inclusive, are read and agreed to.

Paragraph 43 is read and agreed to, with an amendment.

Paragraphs 44 to 48, inclusive, are read and agreed to.

Paragraphs 49 and 50 are read and agreed to, with an amendment.

Paragraph 51 is read and agreed to.

Paragraph 52 is read and agreed to, with an amendment.

Paragraphs 53 to 60, inclusive, are read and agreed to.

Paragraphs 61 and 62 are postponed.

Paragraph 63 is read and agreed to, with an amendment.

Paragraphs 64 to 66, inclusive, are read and agreed to.

Paragraph 67 is read and agreed to, with an amendment.

Paragraph 68 is postponed.

Paragraphs 69 to 116, inclusive, are read and agreed to.

The following new paragraph is inserted after paragraph 116 :—

"About 16 per cent. of the in-patients were stated to be domestic servants, and 10 per cent. of them to be in service when admitted. Their employers are sometimes subscribers, and if not, they very often make a donation, but are not obliged to do so." Todd, 11955–8.

Paragraph 117 is read and agreed to, with an amendment.

Paragraphs 118 to 122, inclusive, are read and agreed to.

Paragraph 123 is read and agreed to, with an amendment.

Paragraphs 124 to 127, inclusive, are read and agreed to.

Paragraph 128 is read and agreed to, with an amendment.

Paragraphs 129 to 139, inclusive, are read and agreed to.

Paragraph 140 is omitted.

Paragraphs 141 to 148, inclusive, are read and agreed to.

The following new paragraph is inserted after paragraph 148 :—

"This hospital is in touch with, and sends cases to the Provident Medical Association." Thies, 15351.

Paragraphs 149 to 154, inclusive, are read and agreed to.

Paragraph 155 is read and agreed to, with an amendment.

Paragraphs 156 to 165, inclusive, are read and agreed to.

Paragraph 166 is postponed.

Paragraphs 167 and 168 are read and agreed to.

Paragraph 169 is read and agreed to, with an amendment.

Paragraphs 170 to 179, inclusive, are read and agreed to.

Paragraph 180 is postponed.

Paragraphs 182 to 188, inclusive, are read and agreed to.

Paragraph 189 is postponed.

Paragraphs 190 to 199, inclusive, are read and agreed to.

Paragraph 200 is read and agreed to, with an amendment.

Paragraphs 201 to 216, inclusive, are read and agreed to.

Paragraph 217 is read and agreed to, with an amendment.

Paragraphs 218 to 232, inclusive, are read and agreed to.

Paragraph 233 is read and agreed to, with an amendment.

Paragraphs 234 to 236, inclusive, are read and agreed to.

Paragraph 237 is read and agreed to, with an amendment.

Paragraph 238 is read and agreed to.

Paragraphs 239 and 240 are read and agreed to, with amendments.

Paragraphs 241 to 244, inclusive, are read and agreed to.

Paragraph 245 is read and agreed to, with an amendment.

Paragraphs 246 to 248, inclusive, are read and agreed to.

Paragraph 249 is read and agreed to, with an amendment.

Paragraphs 250 and 251 are read and agreed to.

Paragraphs 252 to 254, inclusive, are omitted.

Paragraph 255 is read and agreed to.

Paragraph 256 is read and agreed to, with an amendment.

Paragraphs 257 to 261, inclusive, are read and agreed to.

Paragraph 262 is read and agreed to, with an amendment.

Paragraph 263 is read and agreed to, with amendments.

Paragraphs 264 to 268, inclusive, are read and agreed to.

Paragraph 269 is read and agreed to, with an amendment.

Paragraphs 270 and 271 are read and agreed to.

Paragraph 272 is read and agreed to, with an amendment.

Paragraphs 273 to 279, inclusive, are read and agreed to.

Paragraph 280 is omitted.

Paragraphs 281 to 284, inclusive, are read and agreed to.

Paragraphs 285 and 286 are read and agreed to, with amendments.

Paragraph 287 is read and agreed to, with an amendment.

Paragraphs 288 and 289 are read and agreed to.

Paragraph 290 is omitted.

Paragraphs 291 to 293, inclusive, are read and agreed to.

Paragraph 294 is read and agreed to, with an amendment.

Paragraph 295 is read and agreed to.

Paragraph 296 is read and agreed to, with an amendment.

Paragraphs 297 to 307, inclusive, are read and agreed to.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 16° *Maii*, 1892.

LORDS PRESENT:

Earl Cadogan (*Lord Privy Seal*).	Lord Zouche of Haryngworth.
Earl Spencer.	Lord Sudley (*Earl of Arran*).
Earl Cathcart.	Lord Monkswell.
Earl of Kimberley.	

The LORD SANDHURST in the Chair.

The Order of adjournment is read.

The Proceedings of Thursday last are read.

The following Witness is called in and examined on oath, viz.:—Thomas Ryan.

The DRAFT REPORT is then further considered:—

Paragraphs 308 to 310, inclusive, are read and agreed to.

Paragraphs 311 and 312 are omitted.

Paragraph 313 is read and agreed to.

Paragraphs 314 and 315 are read and agreed to, with an amendment.

Paragraphs 316 to 334, inclusive, are read and agreed to.

The following paragraph is inserted after paragraph 334:—

Dobbin, 17532-3. "The kitchen in this hospital is at the top of the building, of which arrangement the secretary highly approved."

Paragraphs 335 to 344, inclusive, are read and agreed to.

Paragraph 345 is read and agreed to, with an amendment.

Paragraphs

Paragraphs 346 and 347 are read and agreed to.

Paragraph 348 is omitted.

Paragraphs 349 to 351, inclusive, are read and agreed to.

Paragraph 352 is read and agreed to, with amendments.

Paragraphs 353 to 356, inclusive, are read and agreed to.

Paragraph 357 is read and agreed to, with an amendment.

Paragraphs 358 and 359 are read and agreed to.

Paragraph 360 is omitted.

Paragraphs 361 to 363, inclusive, are read and agreed to.

Paragraphs 364 to 366, inclusive, are postponed.

Paragraphs 367 to 369, inclusive, are read and agreed to.

Paragraphs 370 and 371 are read and agreed to, with an amendment.

Paragraphs 372 and 373 are read and agreed to.

Paragraph 374 is read and agreed to, with an amendment.

Paragraphs 375 to 379, inclusive, are read and agreed to.

Paragraph 382 is inserted after paragraph 379.

Paragraph 380 is read and agreed to, with an amendment.

Paragraphs 381 to 385, inclusive, are read and agreed to.

Paragraph 386 is read and agreed to, with an amendment.

Paragraphs 410 to 416, inclusive, are inserted after paragraph 386.

Paragraph 387 is read and agreed to.

Paragraphs 388 and 389 are read and agreed to, with amendments.

Paragraph 390 is read and agreed to, with an amendment.

Paragraphs 391 to 399, inclusive, are read and agreed to.

Paragraph 400 is read and agreed to, with amendments.

Paragraphs 401 and 402 are read and agreed to.

Paragraph 403 is read and agreed to, with amendments.

Paragraphs 404 to 408, inclusive, are read and agreed to.

Paragraphs 487 to 499, inclusive, are inserted after paragraph 408.

Paragraph 409 is omitted.

Paragraphs 410 to 416, inclusive, are read and agreed to.

The following new paragraph is inserted before paragraph 417:—

"The great improvement in hospital nursing of recent years was testified to by several witnesses." 2551, 9203. 9673-4, 9694-5, 10806, 12041, 25908-11.

Paragraphs 417 to 423, inclusive, are read and agreed to.

Paragraph 424 is read and agreed to, with an amendment.

Paragraphs 425 and 426 are read and agreed to.

Paragraph 427 is omitted.

Paragraphs 428 to 442, inclusive, are read and agreed to.

Paragraph 443 is omitted.

Paragraphs 444 to 456 are read and agreed to.

Paragraph 457 is read and agreed to, with an amendment.

Paragraphs 458 to 462, inclusive, are read and agreed to.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 23° *Maii*, 1892.

LORDS PRESENT:

Earl of Lauderdale.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Saye and Sele.
Lord Clifford of Chudleigh.
Lord Sudley (*Earl of Arran*).

The LORD SANDHURST in the Chair.

The Order of adjournment is read.

The Proceedings of Monday last are read.

The DRAFT REPORT is further considered:—

Paragraphs 463 to 478, inclusive, are read and agreed to.

Paragraph 479 is read and agreed to, with amendments.

Paragraphs 480 and 481 are read and agreed to.

Paragraph 482 is read and agreed to, with an amendment.

Paragraphs 483 to 488, inclusive, are read and agreed to.

Paragraph 489 is read and agreed to, with an amendment.

Paragraph 490 is omitted.

Paragraphs 491 to 497, inclusive, are read and agreed to.

Paragraphs 498 and 499 are read and agreed to, with amendments.

Paragraphs 500 to 512, inclusive, are read and agreed to, with amendments.

Paragraph 513 is read and agreed to, with an amendment.

Paragraphs 514 to 518, inclusive, are read and agreed to.

Paragraph 519 is read and agreed to, with an amendment.

Paragraphs 520 to 525, inclusive, are read and agreed to.

Paragraph 526 is read and agreed to, with an amendment.

Paragraphs 527 and 528 are read and agreed to.

Paragraph 529 is read and agreed to, with an amendment.

Paragraph 530 is omitted.

Paragraph 531 is read and agreed to, with an amendment.

Paragraph 532 is omitted.

Paragraphs 533 to 541, inclusive, are read and agreed to.

Paragraphs 542 to 544, inclusive, are read and agreed to, with an amendment.

Paragraph 545 is read and agreed to.

Paragraphs 546 to 548, inclusive, are read and agreed to, with amendments.

Paragraph 549 is read and agreed to.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 26° *Maii*, 1892.

LORDS PRESENT :

Earl of Lauderdale.
Earl Cathcart.
Lord Zouche of Haryngworth.
Lord Clifford of Chudleigh.
Lord Sudley (*Earl of Arran*).
Lord Monkswell.

The LORD SANDHURST in the Chair.

The Order of adjournment is read.

The Proceedings of Monday last are read.

The DRAFT REPORT is further considered :—

Paragraphs 61 and 62 (postponed) are again read and agreed to, with amendments.

Paragraph 68 (postponed) is omitted.

The following new paragraphs are inserted after paragraph 164 :—

"SAMARITAN FUNDS.

"The administrators of the Samaritan Fund at St. Thomas's send people to convalescent homes. The Samaritan Fund is administered by the treasurer and almoners; the witness is their working officer. Patients are helped in various ways from Samaritan Fund. Patients are sent home in cabs, washing provided, assisted to get clothes, trusses, wooden legs and arms, and to get tools out of pawn. Walker, 11083–5. Wainwright, 11396.

"The Samaritan Fund at the Middlesex assists destitute patients, providing them with tea, butter, and sugar. Provides for sending patients to convalescent homes to which it subscribes. Pays the keep of patients while there, railway journeys there and back, and any other assistance they may require. Funds come from dividends, one ground-rent, and donations. £.110 in debt last year (1890). The Samaritan Fund is administered by the chaplain, subject to the finance committee; it helps towards funerals. Melhado, 12565. Reade, 14155.

"At the St. George's, the Samaritan Fund comes from legacies, donations, and investments. In 1889 they spent 60 *l.* in giving support to families of patients in the hospital, after inquiry by the committee of selection or the chaplain. The fund is disbursed by the board. One-half of balance of the Samaritan Fund is paid over to the convalescent home fund. It defrays expenses of those sent to the seaside, pays for instruments, trusses, spectacles, and glass eyes. Cases are recommended to the board by the chaplain. Todd, 12011–14. 12275–90.

"At St. Mary's the secretary manages the Samaritan Fund. There is no absolute rule against assisting families while their relatives are in the hospital, but he had not had occasion to do it. The fund is principally used to assist to convalescence, and called the Convalescent Fund. There is a separate account for this fund. Ryan, 14689–93.

"At the Westminster Hospital the chaplain administers the fund under a Samaritan Committee. The fund is not large enough to help families whose relations are in hospital. The money comes from subscriptions, dividends, and an occasional offertory at Westminster Abbey. Subscriptions are made from the fund to one or two convalescent homes. Quennell, 15153–6. 15137.

"At St. Bartholomew's they have 18,960 *l.* in Consols. In 1881, 1,235 persons were relieved. They assist towards or provide various kinds of clothing, pay fares, provide tools to go to work with, surgical appliances, and artificial limbs. Frequent notice is called by the treasurer to the needs of the fund. Waterlow, 2593. 2600.

"At the Brompton Consumption Hospital the Samaritan Fund is called the Rose Charity Fund. From this fund washing is paid for those who cannot afford their own, and sometimes sums of money, such as 10 *s.* or 1 *l.*, are given to patients. There is no convalescent home, but arrangements are made with the London Samaritan Society. Dobbin, 17564.

"At University College Hospital the fund is used for making grants to poor patients. These grants are 10 *s.* or 1 *l.*, or so much per week given to the friends while the bread-winner is in hospital. Nixon, 15498.

Nixon, 8313. "The London have a 'Samaritan Society.' From it poor patients are supplied with tea, sugar, and butter. Very poor patients are supplied with anything they want to go away with.

16999. "There is no Samaritan Society at the Metropolitan Hospital.

Wace, 18649. "At King's College Hospital there is a Samaritan Fund, with a capital of about 7,000*l.*, administered by a committee.

337. 314. "There is a Samaritan Fund at Guy's Hospital. Artificial limbs and other apparatus are provided for from it."

Paragraphs 166 and 180 (postponed) are again read and agreed to, with amendments.

Paragraph 189 (postponed) is omitted.

The following new paragraph is inserted after paragraph 363 :—

Appendix I. "In 1890 a letter was addressed by the Duke of Portland to the Board, bringing to their notice the 'very general complaints which he heard on all sides about the management' of this institution. The points referred to in the letter are 'food,' 'want of supervision,' 'management,' and 'general.' Under the last head came 'time for patients' meals,' 'neglect of religious needs of inmates.' The points were replied to *seriatim* by the secretary, on behalf of the treasurer and the Board, and no further communication being received from the Duke of Portland, the management considered that the replies were satisfactory. One striking discrepancy between the reply of the managers and the evidence given by Mr. Andrew before the Committee is, that whereas the managers stated the meat contracts were open to competition, Mr. Andrew stated that such was not the case. In regard to the complaints and the reply, Mr. Andrew's evidence was that 25395-5 investigation was made. The committee of management went into the matter, as the house committee, on the spot. The evidence of the matron was taken, but the witness could not charge his memory as to others. He did not think it a case where evidence was necessary, and considered that the complaints were fully and fairly dealt with."

Paragraphs 364 to 366, inclusive (postponed), are omitted.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 30° *Maii*, 1892.

LORDS PRESENT:

Lord Archbishop of Canterbury.
Earl of Lauderdale.
Earl Spencer.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Saye and Sele.
Lord Clifford of Chudleigh.
Lord Sudley (*Earl of Arran*).
Lord Monkswell.
Lord Thring.

The Lord Sandhurst in the Chair.

The Order of adjournment is read.

The Proceedings of Thursday last are read.

The Draft Report is further considered :—

Paragraphs 550 to 552, inclusive, are read and agreed to.

Paragraphs 553 and 554 are read and agreed to, with amendments.

Paragraph 555 is read and agreed to, with an amendment.

Paragraph 556 is read and agreed to, with amendments.

Paragraphs 557 and 558 are omitted.

Paragraph 559 is read and agreed to.

Paragraph

Paragraph 560 is read, and amended as follows:

"The Committee desire to refer to the personal nursing dispute appearing in the evidence of the London Hospital. The authors of these charges were for some time nurses and probationers in this hospital, some of whom did not remain during the whole period of training, and of whom two, at least, stated grievances of their own which were not confirmed by evidence; and the late chaplain who, for some time before the termination of his connection in that capacity with the hospital, had differences with the committee both in these matters and also in regard to the performance of his own duties.

"The charges are on the whole, in the opinion of the Committee, not substantiated by the evidence. The evidence in regard to the injury to the health of the 'sisters' appears inconclusive. The Committee consider that the difficulties would have been avoided had the governing Board, in charge of the hospital at that time, not allowed their authority to fall into the hands of salaried officers. In justice, however, to the London Hospital, the Committee wish to add, that it is an admirable hospital, doing work in a part of London where it confers inestimable benefits upon a very large and very poor population. They, therefore, think it is deserving of the greatest measure of charitable support."

It is moved by the Lord Clifford of Chudleigh to insert in line 8 at the beginning of the paragraph the following words:—

"Subject to what is hereinafter stated."

On question:—

Contents.	Not-contents.
Earl Spencer.	Lord Archbishop of Canterbury.
Lord Clifford of Chudleigh.	Earl of Lauderdale.
Lord Monkswell.	Earl Cathcart.
	Earl of Kimberley.
	Lord Zouche of Haryngworth.
	Lord Saye and Sele.
	Lord Sandhurst.
	Lord Sudley (*Earl of Arran*).
	Lord Thring.

It is resolved in the negative.

Paragraph 560, as amended, is agreed to.

Paragraph 561 is read and agreed to.

It is proposed by the Lord Sandhurst to insert the following new paragraph after paragraph 561.

"The Committee suggest that the fact of not holding the diplomas of the Royal College of Physicians and Royal College of Surgeons of London should not exclude practitioners who have graduated elsewhere from becoming members of the staffs of the general hospitals in London. At present at only one general hospital, St. Mary's, are there no restrictions. The Committee would gladly see the restrictions removed at the other hospitals in London."

An amendment is moved by the Lord Sudley (*Earl of Arran*) to insert the following new paragraph in lieu thereof:—

"With regard to opening up the hospital appointments to medical men who hold the Edinburgh and Dublin diplomas, but who do not hold those of the London Colleges of Physicians and Surgeons, your Committee do not feel justified in recommending that this course should be pursued.

"In the first place they think that to do away with the necessity of passing the London examinations might, to a certain extent, tend to attract too many of the Scotch and Irish medical men to London, and thus deprive Scotland and Ireland of their best men, who should rather be encouraged to remain in their own countries.

"Your Committee further consider that it might be a somewhat arbitrary and probably ineffective interference with the self-governing powers now possessed by the hospitals, the authorities of which, as appears from the evidence, are not anxious that this change should be made.

"Your Committee would prefer to suggest that when passing their medical examinations in Dublin and Edinburgh, students should at the same time be given the opportunity of passing the examinations of the London Colleges of Physicians and Surgeons on the spot. It should be optional for them to do so; but the existence of such a power at the outset of their career would do away with the feeling of humiliation which appears at present to exist amongst medical men educated in Dublin and Edinburgh, if asked to pass a preliminary examination after they have already made a mark in their profession, while the regulations under which the London hospitals allow competitions for their appointments would not be interfered with."

After discussion it is resolved in the negative.

The paragraph proposed by the Lord Sandhurst is agreed to.

The following new paragraph is also inserted after paragraph 561 :—

"*Convalescent Homes.*

"The Committee remark that the accommodation for convalescents in connection with the large hospitals is insufficient, only two or three having convalescent homes attached to them ; and that this want is met by the authorities of the hospital subscribing, through the Samaritan Fund, to convalescent homes.

"Owing to the scarcity of accommodation the patients, although not thoroughly cured, are discharged, if well enough to leave the hospital. In some cases the patients find their way to the poor-law infirmaries ; in other cases, patients suffering from medical complaints have to be kept for long periods in a hospital, although they would recover more rapidly at a convalescent home in the country. Moreover, these patients have to be provided for in the hospital, to the exclusion of those who would be admitted were beds vacant.

"The Committee avail themselves of this opportunity to direct attention to this need, in the hope that more extensive convalescent accommodation may be provided by philanthropic effort."

Paragraphs 562 and 563 are read and agreed to.

Paragraphs 564 and 565 are read and agreed to, with amendments.

The following paragraph is inserted after paragraph 565 :—

"The evidence respecting fees appears to show that above the sphere of the poor law there must exist a large section of the population who cannot afford to pay a doctor in the case of long and serious illness, or in the case of a large family."

Paragraphs 566 and 567 are read and agreed to.

Paragraph 568 is omitted.

Paragraphs 569 to 571, inclusive, are read and agreed to, with amendments.

Paragraph 572 is omitted.

Paragraph 573 is read and agreed to, with amendments.

Paragraph 574 is omitted.

Paragraphs 575 to 577, inclusive, are read and agreed to.

Paragraph 578 is omitted.

Paragraph 579 is read and agreed to, with an amendment.

Paragraph 580 is omitted.

Paragraph 581 is read and agreed to, with an amendment.

Paragraphs 582 to 585, inclusive, are read and agreed to.

Paragraph 586 is omitted.

Paragraph 587 is read and agreed to, with amendments.

The following new paragraphs are inserted after paragraph 587 :—

"*Accounts.*

"The Committee observe with satisfaction that, since the opening of this inquiry, committee, comprised of the secretaries of some of the principal London hospitals, has been considering the subject of a uniform basis of accounts, a copy of which appears in Appendix A. to the Report. The Committee are glad to notice that those best acquainted with hospital accounts have recognised the advisability of a uniform system. The Committee consider that, for accuracy, further subdivision on the expenditure side might be advisable ; as, for instance, 'firing and lighting ;' also 'wines and spirits,' might be tabulated separately. Under Heading VI. it might be well to state, for the information of the public, for whom the 'salaries, wages, and pensions,' as well as 'other salaries, wages, and pensions,' are charged. It might be worth while for the committee of hospital secretaries, if it renews its sittings, to consider whether the totals might be stated on one page, with letters referring to schedules, where the items of expenditure might be set forth in greater detail.

"In the evidence before the Committee mention was made of the difficulty of ascertaining the cost of an out-patient, without which calculation any estimate of the cost 'per bed' is unreliable. The Committee do not think the difficulties insuperable. The

The main difficulty appears to be to separate the accounts of the dispensaries into two parts—infirmary and out-patient; this once arranged, the reliable cost per bed might be ascertained. The Committee consider that this difficulty might be met thus: an account might be kept of any drugs supplied for the in-patients; the difference between the total dispensed and the amount supplied to the in-patients would be the amount supplied to the out-patients. The wages of the nurses in the out-patient department, and the wages of the scrubbers, porters, &c., employed could be charged to the out-patient department. The proportion of rates and taxes might be estimated by the proportion which the space allotted to the out-patient department bears to the whole hospital.

"*Contracts.*

"The Committee consider that all contracts should, as far as possible, be by public tender, according to the practice enforced by the local board in regard to poor-law infirmaries."

Paragraph 588 is omitted.

Paragraph 589 is read and agreed to.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 2° *Junii*, 1892.

LORDS PRESENT:

Earl Cathcart.	Lord Sudley (*Earl of Arran*).
Earl of Kimberley.	Lord Lamington.
Lord Zouche of Haryngworth.	Lord Monkswell.
Lord Clifford of Chudleigh.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of adjournment is read.

The Proceedings of the Committee of Monday last are read.

The DRAFT REPORT is further considered.

Paragraph 590 is read, and is as follows:—

"The subject of nursing is treated at length on pages 81, 82, and 83. A certain amount of variety exists as to the hours of employment of nurses in the general hospitals in London. Your Committee consider that an eight-hour working day, exclusive of the time for meals, is sufficient for a hospital nurse. In constructing future hospitals care should be taken that sufficient accommodation for nurses should be provided to allow of the nursing being done in three shifts. They would gladly see a three-shift system in vogue at every general hospital at the present day, but they are well aware that, owing to the limited accommodation, in the older buildings, at any rate, amongst London hospitals, such a policy would be impracticable unless the number of patients is materially reduced, or very extensive alterations in construction carried out."

It is moved by the Earl of Kimberley to leave out "an eight-hour day exclusive of the time for meals is sufficient for a hospital nurse," and to insert the following words: "Eight hours' work exclusive of the time for meals is as a rule as much as should be required from nurses in these hospitals."

After discussion, the said amendment is agreed to, and further amendments made. It is then moved by the Earl Cathcart to leave out all the words after "that," in line 3, and to insert the following words: "relief to the nurses should be in the direction of "more hours off duty and extended holidays."

On question that the words proposed to be left out stand part of the paragraph:—

Contents.	Not-contents.
Earl of Kimberley.	Earl Cathcart.
Lord Clifford of Chudleigh.	Lord Zouche of Haryngworth.
Lord Sandhurst.	Lord Sudley (*Earl of Arran*).
Lord Lamington.	
Lord Monkswell.	
Lord Thring.	

It is resolved in the affirmative.

The paragraph, as amended, is agreed to.

Paragraph 591 is read and agreed to, with amendments.

Paragraph 592 is read and agreed to.

Paragraph 593 is read and agreed to, with an amendment.

Paragraph 594 is read and agreed to, with amendments.

The following new paragraphs are inserted after paragraph 594 :—

"While the Committee recognise that the matron must be greatly responsible for the appointment, and dismissal, and general conduct of the nurses, they are strongly of opinion that no absolute power ought to be given to any matron, but that the appointments and dismissals should be made by the chief executive authority of the hospital. It is to be observed that many hospitals send out nurses after a certain period of training, at sums varying from one guinea to three guineas a week to private patients. That these nurses bring considerable addition to the funds of the hospital there can be no doubt. The Committee consider that this is a good practice, but that, to prevent the wards from being denuded of nurses in order to bring funds to the hospital, a separate staff should be employed for this purpose. They are of opinion that the minimum period, after which a nurse can be advertised as thoroughly trained, is three years; and considering the large amount of money these nurses can earn for the hospital, the Committee think that a sliding scale commission on their earnings, mentioned as being in practice at one of the large general hospitals, would be a fair addition to their regular hospital wages."

"It appears that at the London Hospital, in the form of certificate for nurses, certain blanks may be filled up in different ways according to the discretion of the matron. The nursing capabilities and conduct of the nurse may be described respectively as 'excellent' and 'exemplary,' which constitutes a first-class certificate; or, as 'good' in both cases, when the certificate ranks as second-class. It would seem that the latter form is used when the matron is by no means satisfied with a nurse; and the Committee think that words indicative of inferiority should be inserted in all certificates below the best, if, indeed, it is desirable that any such certificate should be issued at all."

Paragraphs 595 and 596 are read and agreed to, with amendments.

Paragraph 597 is read and agreed to.

Paragraph 598 is read, and is as follows :—

"*British Nursing Association.*

"Your Committee consider that the arguments in favour of the registration of nurse outweigh those against it, and they recommend that the charter desired by two associations should be granted."

It is moved by the Lord Sandhurst that paragraph 598 be agreed to.

On question :—

Contents.	Not-contents.
Lord Sandhurst.	Earl Cathcart.
Lord Thring.	Earl of Kimberley.
	Lord Zouche of Haryngworth.
	Lord Clifford of Chudleigh.
	Lord Sudley (*Earl of Arran*).
	Lord Monkswell.

It is resolved in the negative.

Paragraphs 599 to 602, inclusive, are read and agreed to.

Paragraph 603 is omitted.

Paragraphs 604 and 605 are read and agreed to, with an amendment.

Paragraph 606 is omitted.

Paragraph 607 is read and agreed to.

Paragraphs 608 and 609 are read and agreed to, with amendments.

Paragraph 610 is read and agreed to, with an amendment.

Paragraphs 611 and 612 are read and agreed to.

The

The following paragraph is inserted after paragraph 612 :—

"In sketching the foregoing outline of a central body, your Committee are desirous of expressing their opinion that some more satisfactory organisation of medical charity is most desirable. It should always be borne in mind that the establishment of poor-law infirmaries and rate-supported asylums, under the Metropolitan Poor Law Act, 1867, has in great measure altered the relations between the poor and the hospitals, and everything associated with medical charity; and the Committee cannot shut their eyes to the possibility that if some such organisation as they have recommended is not adopted a time may come when it will be necessary for hospitals to have recourse either to Government aid or municipal subventions."

Paragraphs 613 and 614 are read and agreed to.

Paragraphs 615 and 616 are omitted.

Paragraph 617 is read and agreed to.

It is moved that the DRAFT REPORT, as amended, be agreed to.

The same is agreed to.

Ordered, That the Lord in the Chair do make the said Report to the House.

MINUTES OF EVIDENCE.

Die Lunæ, 16° *Maii*, 1892.

LORDS PRESENT:

Earl CADOGAN (*Lord Privy Seal*).
Earl SPENCER.
Earl CATHCART.
Earl of KIMBERLEY.
Lord ZOUCHE OF HARYNGWORTH.
Lord SANDHURST.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.

THE LORD SANDHURST IN THE CHAIR.

MR. THOMAS RYAN is re-called; and, having been sworn, is further Examined, as follows:

Chairman.

1. YOU were chairman, were you not, of a committee of the secretaries of the principal hospitals, appointed with a view to seeing whether you could agree to some uniform basis of accounts?—Yes.

2. Will you tell us the result of the proceedings of your committee?—The result was that a very large number of the secretaries of the London hospitals agreed, and having agreed they appointed a committee of their own number to determine the precise form of account. That committee sat, I think, some eight or nine months; they did agree upon a form of accounts and sent it up to the Hospital Sunday Fund, who also agreed. Having done that, they again held a large general meeting of secretaries, and submitted the form which they had prepared, and which the Hospital Sunday Fund had agreed to, which was accepted by the general meeting.

3. And has that been adopted by all the hospitals?—I cannot say it has been adopted by all, but it has been adopted by a considerable number.

4. Of course "all" is a large term, but it has been adopted by the principal general hospitals that deal with large funds?—I think the principal ones. I have a note of them here.

5. Have you got any copies of the form?—Yes.

6. Will you be so good as to give us one and explain it to us?—Yes (*handing in the form*). The thing really consists of three documents. The account itself which I have handed in is called "Income and Expenditure Account."

7. That is the one with which we will deal?—Then there is an "Index of Classification," which is to guide people in using it (*handing in the same*).

Earl *Cathcart.*

8. That is the glossary?—Yes, if you wish to call it so.

9. That is how it was referred to before, I think?—Yes. Then there is a "Synopsis of the

Earl *Cathcart*—continued.

Index of Classification (*handing in the same*); that is a sort of general index.

Chairman.

10. Is this form which you have handed in the form of account you have used at St. Mary's for some time?—No, not quite.

11. How does this differ from the form of ordinary hospital accounts?—In principle it does not differ much from many. It would be a very complicated explanation if I were to attempt to make it clear to your Lordships exactly how it differs. I imagine there is not a single account of any hospital in London that is precisely similar to it at the present moment. I have the account here of St. Mary's Hospital as it used to be, and I have it as it is now.

12. I think you showed us that on a former occasion?—Yes, I did; if I were just to read out the principal heads on the expenditure side you might get a general notion of the difference that exists between our old accounts and those of the new model; the old account commences with "provisions," and the new account commences with "provisions;" the old second head was "domestic expenses," that becomes the third head in the new form; "surgery and dispensary" was the third head in the old account, and is the second in the new; then we get a heading called "incidental expenses" in the old form of account, which is entirely done away with as being a senseless sort of heading; it conveys nothing; then, as regards "repairs," you will find repairs thrown in as a sub-head of "establishment charges." You will see from the items I have mentioned that it would be very difficult to compare the two forms.

13. In regard to income is there any difference between the two as to where you put the legacies?—Yes; we put the legacies aside, and call them "extraordinary income;" they are included in our "income and expenditure account," and in that respect this form differs from the form used by many hospitals.

Chairman—continued.

14. Therefore in future, if the hospitals adopt this form, a hospital which receives 120,000 *l.* in legacies in one year will not be able to show what they term a deficit of 3,000 *l.* or 4,000 *l.*?—Certainly not.

15. It does occur at present, does it not, that a hospital could easily receive, say, 100,000 *l.* in legacies, and yet show on its balance sheet a deficit of expenditure over income of, say, 5,000 *l.* or more?—According to the practice of certain hospitals, of excluding their legacies from the income and expenditure account, that would be so.

Earl *Cathcart.*

16. The legacies might be written off; for instance, put to capital account on the other side per contra?—Yes, that would be the proper course to pursue even now.

17. If the legacies were not spent the proper way would be to put so much on the other side per contra to capital account?—Yes, but they must be shown as income.

18. But you can write off as capital account so much as is not used?—Exactly. As a matter of fact it would follow the same rule as any other income. If there were a balance on that side you would write off the balance.

Chairman.

19. Do you think this would be a more accurate guide to the public than the old form?—Speaking for the best of the hospitals who adopted a very good form before, I do not think so at all. What I do think is that the general public seem to want a uniform system of accounts, which hospital experts can also see an advantage in; and as the general public wanted it, I think it would have been a great mistake for the hospitals to have declined to give it. That the general public will derive from it all the information they contemplate, I do not believe for a moment, because we all know that the expenditures of the hospitals of London differ very much, owing to the different circumstances in which the institutions are situated; and if the general public think they are going to bring about a general likeness in unlike things by presenting the accounts of them all in a similar form, of course they will be deceived.

Earl *Cathcart.*

20. I wish to compliment you very much upon what you have done, because I think it is a very good augury that all, or at least the majority, of the hospitals have agreed upon this form of account. You said just now that uniformity of accounts is the essential point that you have been aiming at?—Yes.

21. Then the essential feature in your new system is the introduction of the "Glossary" system?—Yes; or we call it, an "Index of Classification;" as we imagine, it is hardly what is understood by a glossary; but that is a small point.

22. That, call it what you will, is the essential feature of your new system?—Yes, since it will ensure that everybody will carry the same thing to the same title, which was not done before.

23. With regard to the vexed question of the out-patients' department, do you clear that up at all?—We took no step in that matter. We have not even cleared up the question of accounts altogether, because it was very much more difficult to induce some hospitals to join in a movement of this kind than it was in the case of some others. We have only done part of it; that is to say, the income and expenditure account. We have not yet settled what a complete set of hospital accounts should consist of.

24. Do you propose on some future occasion to consider the question of the out-patients' department, and what deduction should be made in that department?—It must be gone into with other very important questions.

Chairman.

25. You have agreed thus far, have you not, that you have issued a certain sheet with the items of expenditure and the quantities used day by day; taking the various items, such as meat and fish, eggs, butter, and so forth, have not the committee issued a large sheet which is filled up day by day by the hospital authorities themselves, so that a daily record is made up at the end of the week for comparison's sake?—I have no knowledge of that.

26. I thought that had been done; but perhaps I have been misinformed?—I do not think that has been done by my committee, unless I am forgetting something for the moment.

Earl *Cathcart.*

27. I understand you intend to go into the matter of the out-patients' department, and to consider what ought to be a fair deduction as an average?—Yes.

28. Is the out-patients' department referred to in the glossary at all?—No, it is not. We referred in this account and the Index of Classification to nothing more than the work we had done. We did not think it wise to refer to that which may be done hereafter.

29. I think we had the pleasure on a former occasion of complimenting you on the accounts of St. Mary's Hospital, and it is gratifying to see that you occupy the position of chairman of this committee of secretaries?—I thank you.

Earl *Spencer.*

30. With regard to this sheet which you have handed in, I observe it is divided under different heads; I presume you have very carefully considered all these matters. One heading is "domestic." I do not know why you call it "domestic." "Domestic" might apply to provisions as well as to "washing" and "cleaning" and so on?—It would not have very much mattered if we had called them 1, 2, and 3; but if you must name a heading, you must use some word, and we could think of no better. It is the old title of that class of expenditure.

31. I notice you have got further down a heading "extraordinary expenditure," under which you see "repairs"; but I see "repairs" (ordinary) above under "establishment charges." I should have thought, generally speaking, all repairs would have come under ordinary expenditure; how do you distinguish ordinary repairs and extraordinary repairs?—What we mean is this: a hospital might for instance, perhaps, have to

Earl *Spencer*—continued.

to take up in one year the whole of its drainage system, and spend several thousands of pounds; we should class work of that kind as extraordinary expenditure. Your Lordship is more likely to follow what I am aiming at when I say that the reason that led this extra expenditure to be thrown out in this way was that it is not quite fair to divide up such expenditure occurring but once in a long term of years into the cost per bed for a given year, and therefore it comes about that it is thrown into what may be called extraordinary expenditure, as being an expenditure that does not occur every year.

32. I should have thought it would have been more of the nature of an improvement than a repair?—Yes; my example was taken on the spur of the moment and was not the best I could have chosen. You see it sometimes will happen, as happened at St. Mary's a couple of years ago, for the first time since the hospital was built, 40 years ago, that such a work as the repair of the whole of the roof at an expenditure of from 800 *l.* to 900 *l.* has to be performed; you have to find a general title that will fit more or less the cases that may arise, and we adopt "extraordinary repairs."

Earl of *Kimberley.*

33. Surely the repairs of a roof are ordinary repairs, no matter when they occur?—They would be ordinary repairs, but what I said about their not being fairly chargeable to the cost of a bed for the particular year is the reason why they were thrown into "extraordinary expenditure."

34. Is not that rather in the nature of manipulating the account than giving a just account?—I suppose it is, but it is not mischievously so.

35. It might be, because it might be very misleading. It is arbitrary to say that a repair is an extraordinary repair when it is merely a repair that occurs from time to time. You might as well say that painting one's house once in three or four years is an extraordinary expenditure, because it only occurs once in three or four years?—If you want to get a correct notion of the annual expenditure, you must either do that or divide up such occasional expenses over a certain number of years fixed.

36. I admit there is a difficulty there as regards getting an average, which is what you are aiming at, I understand?—Entirely.

37. On the other hand, is it not worse to arbitrarily divide it into ordinary and extraordinary when, in point of fact, you are going to class what is evidently an ordinary repair under extraordinary repairs in the account, which is not really, after all, an accurate statement?—I agree it is not precisely accurate; but I think it really has a good effect in the end. I think it not quite unjustifiable to call all expenditure which only occurs, say, once in 10 or 15 years "extraordinary," simply by reason of its infrequency.

Earl *Spencer.*

38. Referring to No. VI., I see there you have "other salaries and wages," and then under the head of "management" you have "official salaries." Is there a distinction between the two?—Yes. You will observe the expenditure sheet is divided up into A., B., and C. A. is "maintenance" and B. "administration." Officialsalaries would fall under "administration," and therefore they do not come under Division VI. of Section A., "maintenance."

39. For instance, what would you call the salary of the house surgeon?—The salary of the house surgeon would fall under Division 6, "medical."

40. Would you give me an instance of what salaries would come under "management"?—Secretaries' salaries and the salaries of clerks in the office.

41. Do you not think that salaries of clerks contribute in some degree towards the expenses of maintenance?—I hardly think we should put them there, unless one went in for hair-splitting, which we hardly think worth while; the great bulk of the work of the clerks employed in the offices falls under the ordinary management class under B.

42. Do you think if this sheet were sent to all the hospitals, they would easily understand what salaries to put under VI. of Section A., and what under I. of Section B.?—Not without the other documents I have handed in to-day; that is what they are drawn up for; there is a sort of dictionary or glossary for the purpose.

43. Taking another point, the item "commission," what is the meaning of "commission;" is it commission on the collection of subscriptions or commission on the collection of rents?—That would be commission on the collection of subscriptions.

44. Then I see "pensions" in two heads; you would explain that, I presume, in the same way as you did salaries?—Precisely.

Earl of *Kimberley.*

45. Do you anywhere make clear the expense of the management of the estates, or is not that included?—The rule we recommend with regard to estates would be that a separate account should be kept of the estate, and the balance, that is the profit only, brought into the hospital account.

46. Therefore it would not enter into this form of account?—It would not.

Chairman.

47. I suppose you hope that now, having adopted this form of account, there will be some possibility of comparing the outlay of one hospital with that of another, so as to see whether a hospital is extravagant?—Yes, of comparing the outlay; but a greater expenditure would not necessarily show extravagance, as I pointed out before, because there is a very great difference between hospitals; some hospitals do not supply tea and sugar, for instance. The difficulties of discovering extravagance by a mere inspection of accounts will be very obvious.

Earl of *Arran.*

48. Would your committee recommend in the case of the repair of a roof such as you have just named that so much should be laid by out of each year's income to meet that expenditure when it arose?—We did not make any such recommendation as that. We were very cautious not to stray into the position of mentors to the hospital committees about other matters than the pure question of accounts.

49. The

Earl of *Arran*—continued.

49. The reason I asked the question was that it seemed to me that if the whole of such a repair was to come out of one year's income it must necessarily be an extraordinary expenditure, whereas if a certain amount were put by out of each year it might be ordinary expenditure though not all expenditure for that year; it would be in fact an ordinary repair?—Yes. You are suggesting one course and we suggested another. There are two ways out of the difficulty, and I am not sure that yours is not perhaps the better.

Lord *Monkswell.*

50. With regard to this division of extraordinary and ordinary expenditure on repairs, might not it lead to the starving of ordinary repairs; that is to say, they might not do the ordinary repairs year by year, and then, say once in 10 years, they might spend a great deal of money, which would be put down here under "extraordinary repairs," so reducing the cost per bed?—Such a thing is conceivable; but I do not think the committee of a hospital would be influenced by that.

51. They might be unconsciously biassed?—They might be unconsciously biassed. As a matter of practice, however, they might be more affected by another consideration, and that is that they have not the money every year to do the things. You would be surprised at the erratic kind of way in which repairs and things of that sort have to be done in a hospital because they have not the means at command at the moment that an expensive work becomes necessary.

Chairman.

52. Take, for instance, the case of a hospital having a house carpenter and doing a great deal of its own repairs; under what head would his pay come?—Under "salaries, wages, &c." There is something to be said for putting it under "repairs;" but if you were to go into it I think you would come to the same conclusion that we did, namely, that it is very much better to put it under "salaries;" because if you attempt to classify things very minutely, and say "if a man mends a chair therefore the money paid to him for mending the chair ought to go into 'furniture,'" you would have to go into endless analyses of everything done in the course of the year, and it would be simply hair-splitting and waste of time.

Earl of *Kimberley.*

53. Should you be satisfied if you had a large estate account privately kept for you and you had the account made up for you in that way?—I do not know whether your Lordship quite realises the position of a hospital. This carpenter will mend sash lines, would put in windows, mend furniture, and mend fixtures, and he might even do something in the way of plumbing and looking after the W.C.'s, disinfecting wards after infectious cases, &c. He does a number of odd jobs which would fall into different classes. If this suggestion were carried out what you would have to do would be to keep

Earl of *Kimberley*—continued.

a more or less accurate account of the sums spent on each class of work and divide it up into carpenter, plumber, upholsterer, and a hundred and one other things.

54. Why so; would they all not be repairs. Assuming the carpenter to do what you have just described, unless he was, as we sometimes hear, a coachman and gardener besides, how could he do anything but repairs?—You are putting aside the point that some secretaries would question whether it would not be better to put repairs to chairs and furniture under "furniture" than under a vague heading like "repairs," which might include repairs to anything; it might be repairs to the structure or repairs to gas and water fittings, or to a hundred and one things.

55. Repairs to the structure alone are what you intend to be understood by "repairs"?—Yes, to the structure, and fixtures are what we intend to be understood. The index points that out.

56. I cannot say I am satisfied with your answer, because as it seems to me it is nothing but repairs whether it be repairing of a leg of a chair or anything?—I should be prepared as a hospital secretary to put a repair to the leg of a chair under the head of "furniture."

57. Where is furniture?—You will find furniture under "Domestic," No. 3, renewal of furniture.

58. Renewal of furniture does not mean repairs; that is quite clear, is it not. Renewal of furniture, which is very intelligible, means the purchase of furniture to replace furniture?—You would soon come into this position, as we did, that every minute we wanted to get the dictionary down. We endeavoured to get a common sense way out of the difficulty.

Lord *Zouche of Haryngworth.*

59. As I understand, the heading "rents" in No. VII., on the income side of this account, means *net* rents from properties?—Yes.

60. After deducting all charges, that is all agency charges if necessary, and all repairs to properties and every expenditure?—That would be so.

61. Would it not be better instead of "rents" to say "net rents" or "rents" after deducting outgoings?—If you want to make this account by itself a sort of explanatory document, that would be necessary; but we do that in those other documents which attend it. We explain there that this item means net rents.

62. But you do not put the outgoings of the estate on the expenditure side?—No, because it would not be fair; it has nothing to do with the maintenance of sick patients.

63. They may be very considerable items; take for instance the income arising from any landed estate?—Yes, we should have to show them in a separate account. Some hospitals would have it, and some would not; but, as I say, it has nothing to do with the maintenance of sick patients, and should not be included in the hospital income and expenditure account.

The Witness is directed to withdraw.

Ordered, That this Committee be Adjourned.

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APPENDIX.

Appendix No. 1.

PAPER handed in by Mr. *T. Ryan*, 16th May 1892.

INCOME AND EXPENDITURE ACCOUNT.

Private and Confidential.]

APPENDIX No. 1.

As settled by the COMMITTEE and the DISTRIBUTION

Dr. INCOME AND EXPENDITURE ACCOUNT for the

INCOME.

	£. s. d.	£. s. d.	£. s. d.
A.—ORDINARY:			
I. Annual Subscriptions (*see* page) - - - -			
II. Donations (*see* page) - - - -			
Boxes (*see* page) - - - -			
III. Hospital Sunday Fund - - - - - -			
IV. Hospital Saturday Fund - - - - - -			
V. Congregational Collections (apart from Hospital Sunday Fund) - - - - - - -			
VI. Entertainments - - - - - - - -			
VII. Invested Property:			
Dividends - - - - - - - - -			
Income Tax Returned - - - - - -			
Interest on Deposit Accoun - - -			
Rents - - - - - - - - - -			
VIII. Nursing Institution:			
Private Nurses - - - - - - - -			
Nurses' and Probationers' Fees - - - -			
IX. Patients' Payments:			
In-Patients - - - - - - - - -			
Out-Patients - - - - - - - -			
X. Other Receipts:			
TOTAL ORDINARY INCOME - - -			
B.—EXTRAORDINARY:			
Legacies:			
The Executors of - - - - - - - -			
TOTAL EXTRAORDINARY INCOME - - -			
		£.	

Appendix No. 1.

Committee of Hospital Sunday Fund, 22nd December 1891.

_____ Hospital.

Year ending the 31st December 189 . *Cr.*

EXPENDITURE.

	£. s. d.	£. s. d.	£. s. d.
A.—Maintenance:			
I. Provisions:			
Meat			
Fish, Poultry, &c.			
Butter, Cheese, &c.			
Eggs			
Milk			
Bread, Flour, &c.			
Grocery			
Vegetables			
Malt Liquors			
II. Surgery and Dispensary:			
Drugs, Chemicals, Disinfectants, &c.			
Dressings, Bandages, &c.			
Instruments and Appliances			
Ice and Mineral Waters			
Wine and Spirits			
Sundries			
III.—Domestic:			
Renewal of Furniture			
Bedding and Linen			
Hardware, Crockery, Brushes, &c.			
Washing			
Cleaning and Chandlery			
Water			
Fuel and Lighting			
Uniforms			
Sundries			
IV. Establishment Charges:			
Rates and Taxes			
Insurance			
Garden			
Annual Cleaning			
Repairs (Ordinary)			
V. Rent			
VI. Salaries, Wages, &c.:			
Medical			
Dispensing			
Nursing			
Other Salaries and Wages			
Pensions			
VII. Miscellaneous:			
Printing, Stationery, Postage and Advertisements			
Sundries			
B.—Administration:			
I. Management:			
Official Salaries			
Commission			
Pensions			
Official Printing and Stationery			
Official Postage and Telegrams			
Official Advertisements			
Law Charges			
Interest on Loan			
Auditors' Fees			
Sundries			
II. Finance:			
Appeals			
Festival			
Total Ordinary Expenditure			
C.—Extraordinary Expenditure:			
I. Repairs			
II. Building Improvements			
Total Extraordinary Expenditure			
		£.	

Index of Classification.

Introduction.

In preparing this Index, two courses were open. One was to compile an exhaustive list of every article used in a Hospital, showing the head to which it should be charged; and the other to make a selection of typical articles, the classification of which would form a sufficient guide to the allocation of other items of a similar character. A brief consideration determined the Committee not to adopt the first, partly because such a list would form a considerable volume, but mainly because it is quite unnecessary. Men of experience, such as hospital secretaries are, do not require such a comprehensive and minute guide. In a large number of cases, including nearly all the great items of expenditure, the classification is obvious. It surely cannot be necessary to point out, for example, that mutton and beef should be shown under meat; cream under milk; that cod and oysters are both fish; potatoes, vegetables; note paper, stationery; and the like. These and other facts of the kind are, therefore, not alluded to. An Index is useful where the classification of an article is open to doubt, or where there are two or more heads—as is not infrequently the case—under each of which an item may, with equal fitness, be placed. It was, therefore, decided to compile an Index on the second plan, the essential feature of which should be to indicate the classification of typical articles, and of those open to doubt.

This object has not been exclusively followed, however. It has been thought better to err on the side of prolixity, than to go to the other extreme at the risk of curtailing the usefulness of the Index. For various reasons, therefore, many items have been inserted which may appear unnecessary, especially at first sight, and this has been done the more freely because it has been thought that they may be of assistance in determining the classification of others, which, in compiling such an Index, the Committee may have inadvertently omitted.

One point that has been constantly kept in view, as of the greatest practical importance to the acceptability of a uniform system of accounts, especially to the secretaries of small hospitals with no assistants, is that the classification shall entail as little analysis of tradesmen's accounts as possible. Examples of the recognition of this will be found in such articles as bacon and ham, which are not classed as meat, but as cheesemongery; potted meats and potted chicken and game, which are classed as grocery instead of meat, and fish and poultry, respectively; sardines as grocery instead of fish, &c.

An endeavour has been made to mention classes of items instead of a host of items themselves. Thus instead of printing a large part of an ironmonger's price list, the term kitchen utensils, triplicated by the entries, cooking utensils, and utensils cooking, is employed; the gridiron, the fryingpan, and the saucepan, etc., etc., not being particularised.

Few items appertaining to surgery and dispensary will be found, for the reason that the six sub-heads of this class are so descriptive that there can be little difficulty in the allocation of items. Indeed, in many cases, especially in the larger institutions, the class of goods obtained from different firms is often so distinct as to admit of the classification of the whole bill as it stands under one or other of the sub-heads in the account. This remark would not, perhaps, apply to some of the smaller institutions, where all the dispensary stores may be obtained from the same house, and even in the larger institutions there would be occasional slight overlapping, but broadly speaking the statement is correct.

In addition to the index, the expenditure side of the form of account has been annotated, giving against each sub-head a general idea of the articles which should be included under it. It is confidently believed that a reference to this synopsis and to the index will immediately solve any question as to classification which may arise in the preparation of accounts.

Items.	Main-Heads.	Sub-Heads.
Advertisements:		
Appeal	Finance	Appeals.
Maintenance, as contracts, vacant posts, &c.	Miscellaneous expenditure	Printing, &c.
Official	Management	Advertisements.
Air-beds, pillows, and cushions	Surgery and dispensary	Instruments and appliances.
Alcohol	- ditto - - ditto	Wine and spirits.
Ambulance	Domestic	Renewal of furniture.
Ambulance, hire of	- ditto	Sundries.
Analyst, for testing food, &c.	- ditto	- ditto.
Annual cleaning	Establishment charges	Annual cleaning.
Annual dinner	Finance	Festival.
Annuities *See* Pensions.		
Antiseptics	Surgery and dispensary	Drugs, chemicals, &c.

Items.	Main-Heads.	Sub-Heads.
Architect's fees for inspection of buildings, &e.	Salaries and wages	Other salaries and wages.
Arrowroot	Provisions	Grocery.
Artificial limbs	Surgery and dispensary	Instruments and anpliances.
Ashpan	Domestic	Renewal of furniture.
Auditors' fees	Management	Auditors' fee.
Awnings	Domestic	Renewal of furniture.
Bacon and ham	Provisions	Butter, cheese, &c.
Bandages and all kinds of material used for making.	Surgery and dispensary	Dressings, bandages, &c.
Barley	Provisions	Grocery.
Barometer	Domestic	Renewal of furniture.
Baskets	- ditto	- ditto - ditto
Baskets (tool)	Establishment charges	Repairs.
Bath, foot	Domestic	Renewal of furniture.
Bath brick	- ditto	Cleaning and chandlery.
Bath fittings	Establishment charges	Repairs.
Baths, portable	Domestic	Renewal of furniture.
Bath, vapour apparatus	Surgery and dispensary	Instruments and appliances.
Battery, electric, for patients' treatment.	- ditto - - ditto	- ditto - - ditto.
Battery, electric, for bells	Domestic	——
Beating carpets	- ditto	Cleaning and chandlery.
Bedding	- ditto	Bedding and linen.
Bedding, cleaning, dressing, and renovation of.	- ditto	- ditto.
Bedsteads	- ditto	Renewal of furniture.
Bed-tables and rests	- ditto	- ditto - ditto.
Beds and pillows, air and water	Surgery and dispensary	Instruments and appliances.
Beef fluid, tea, extract, &c.	Provisions	Meat.
Beer	- ditto	Malt liquors.
Beer allowance	- ditto	- ditto.
Beer-tap	Domestic	Hardware, crockery, &c.
Bed linen, blankets, &c.	- ditto	Bedding and linen.
Beeswax	- ditto	Cleaning and chandlery.
Bells	Establishment charges	Repairs.
Belts, abdominal, &c.	Surgery and dispensary	Instruments and appliances.
Benzine	Domestic	Cleaning and chandlery.
Biscuits	Provisions	Grocery.
Blacking	Domestic	Cleaning and chandlery.
Black lead	- ditto	- ditto - - ditto.
Blanc mange	Provisions	Grocery.
Blinds, and repairs to	Domestic	Renewal of furniture.
Blisters	Surgery and dispensary	Sundries.
Bloater paste	Provisions	Grocery.
Blue for laundry	Domestic	Washing.
Board wages	Salaries, wages, &c.	Other salaries and wages.
Boiler composition	Establishment charges	Repairs.
Boiler insurance	- ditto - - ditto	Insurance.
Boiler for kitchen	Extraordinary expenditure	Repairs.
Boilers, repairs to	Establishment charges	- ditto.
Books of reference	Management	Printing and stationery.
Boots, surgical, for patients	Surgery and dispensary	Instruments and appliances.
Bottled fruits	Provisions	Grocery.
Brawn	- ditto	Butter, cheese, &c.
Bread baskets	Domestic	Renewal of furniture.
Bread platter	- ditto	- ditto - - ditto.
Bronchitis kettle	Surgery and dispensary	Instruments and appliances.
Brooms and brushes	Domestic	Hardware, crockery, &c.
Buckets	- ditto	- ditto - - ditto.
Builders' charges, for new works	Extraordinary expenditure	Building improvements.
Builders' charges, for repairs of exceptional character and costliness.	- - ditto - - ditto	Repairs.
Builders' charges, for ordinary repairs.	Establishment charges	- ditto.
Builders' materials	- ditto - - ditto	- ditto.
Burials	Miscellaneous expenses	Sundries.
Cake	Provisions	Bread.
Calico	Domestic	Bedding and linen.
Candles	- ditto	Fuel and lighting.
Candlestick	- ditto	Hardware, crockery, &c.
Cards (bed and diet)	Miscellaneous	Printing and stationery.
Cards and papers, prescription	Miscellaneous expenses	- ditto - - ditto.

Items	Main-Heads.	Sub-Heads.
Carpenters' tools and materials, *e.g.*, wood, nails, screws, varnish, glue, &c.	Establishment charges	Repairs.
Carpet beating	Domestic	Cleaning and chandlery.
Carpets, rugs, mats, linoleum, &c.	- ditto	Renewal of furniture.
Carriage of parcels	- ditto	Sundries.
Case books and case papers	Miscellaneous expenses	Printing and stationery.
Chamber utensils	Domestic	Hardware, crockery, &c.
Chamois leather	- ditto	Cleaning and chandlery.
Chandeliers and gaseliers	- ditto	Renewal of furniture.
Chapel furniture	- ditto	- ditto - - ditto.
Charts (temperature)	Miscellaneous expenses	Printing and stationery.
Chimney sweeping	Domestic	Cleaning and chandlery.
China, glass, and earthenware	- ditto	Hardware, crockery, &c.
Christmas boxes	- ditto	Sundries.
Cinder sifter	- ditto	Renewal of furniture.
Cleaning materials, such as hearthstone, bath brick, whiting, emery powder, house flannel, &c.	- ditto	Cleaning and chandlery.
Clinical thermometers	Surgery and dispensary	Instruments and appliances.
Clothes for employés	Domestic	Uniforms.
Clothes for patients (if not charged to the Samaritan fund).	- ditto	Sundries.
Clothes (nurses, porters, &c.)	- ditto	Uniforms.
Coal and coke	- ditto	Fuel and lighting.
Coal bunker	- ditto	Renewal of furniture.
Coal scuttle	- ditto	- ditto - - ditto.
Collector's salary	Management	Official salaries.
Commission	- ditto	Commission.
Commission on M.O. or P.O.O.	- ditto	Sundries.
Confectionery	Provisions	Bread.
Cooking utensils	Domestic	Hardware, crockery, &c.
Copying press	- ditto	Renewal of furniture.
Cotton for sewing	- ditto	Bedding and linen.
Crockery (household)	- ditto	Hardware, crockery, &c.
Crutches for patients	Surgery and dispensary	Instruments and appliances.
Curtains	Domestic	Renewal of furniture.
Curtains for beds	- ditto	Bedding and linen.
Cutlery	- ditto	Hardware, crockery, &c.
Diet cards or papers	Miscellaneous expenses	Printing and stationery.
Dinner, festival	Finance	Festival.
Disinfectants	Surgery and dispensary	Drugs, chemicals, disinfectants, &c.
Dispensary sundries—as labels, jars, bottles, corks, funnels, mortars, pill machines, measures, sugar, starch, tar, lard, scales, spatulas, knives, &c.	- ditto - - ditto	Sundries.
Dissecting gloves	- ditto - - ditto	- ditto.
Dress material	Domestic	Uniforms.
Dressings (all materials used for)	Surgery and dispensary	Dressings, bandages, &c.
Dusters	Domestic	Bedding and linen.
Dustpans	- ditto	Hardware, crockery, &c.
Earthenware	- ditto	- ditto - - ditto.
Elastic stockings	Surgery and dispensary	Instruments and appliances.
Electric apparatus for patients' treatment.	Surgery and dispensary	Instruments and appliances
Emery paper	Domestic	Cleaning and chandlery.
Engine room and boiler house sundries.	Establishment charges	Repairs.
Engineer, consulting, for inspection of machinery, &c.	Salaries, wages, &c.	Other salaries and wages.
Engineers' tools and materials, *e.g.*, piping, cocks, elbows, gas burners, washers, cotton waste, oil, lard, tallow, asbestos packing, red and white lead, &c.	Establishment charges	Repairs.
Entertainments for patients	Domestic	Sundries.
Essences of meat	Provisions	Meat.
Essences (for kitchen)	- ditto	Grocery.
Evergreens for decorations	Domestic	Sundries.

Items.	Main-Heads.	Sub-Heads.
Extracts of meat	Provisions	Meat.
Eye shades	Surgery and dispensary	Instruments and appliances.
Fares (secretary, clerks, collectors).	Management	Sundries.
Fares, other	Domestic	- ditto.
Fenders	- ditto	Renewal of furniture.
Fire extinguishing appliances	- ditto	- ditto - ditto.
Fire insurance	Establishment charges	Insurance.
Fire-irons	Domestic	Renewal of furniture.
Firing	- ditto	Fuel and lighting.
Flannel, fomentation	Surgery and dispensary	Dressings, bandages, &c.
Flowers for decorations	Domestic	Sundries.
Funerals	Miscellaneous expenses	- ditto.
Furniture for new buildings	Extraordinary expenditure	Furniture.
Game, all kinds	Provisions	Fish, poultry, &c.
Games, for patients	Domestic	Sundries.
Gas	- ditto	Fuel and lighting.
Gas fittings	Establishment charges	Repairs.
Gas governors	Domestic	Fuel and lighting.
Gauze for dressings	Surgery and dispensary	Dressings, bandages, &c.
Glass paper for household	Domestic	Cleaning and chandlery.
Glass, window	Establishment charges	Repairs.
Glassware for household	Domestic	Hardware, crockery, &c.
Gluten bread	Provisions	Bread.
Gratuities (*see* salaries and wages)		
Grounds, keeping in order	Establishment charges	Garden.
Guarantee premium	Management	Sundries.
Haberdashery	Domestic	Bedding and linen.
Hair for beds	- ditto	- ditto - ditto.
Handbells	- ditto	Renewal of furniture.
Hominy	Provisions	Bread.
Honey	- ditto	Grocery.
Housemaid's boxes	Domestic	Hardware, crockery, &c.
Huckaback towelling	- ditto	Bedding and linen.
Inhalers	Surgery and dispensary	Instruments and appliances.
Instruments, surgical	- ditto - - ditto	- ditto - - ditto.
Ironmongery	Domestic	Hardware, crockery, &c.
Jams, jellies, &c.	Provisions	Grocery.
Kettle, bronchitis	Surgery and dispensary	Instruments and appliances.
Kitchen cloths	Domestic	Bedding and linen.
Kitchen utensils	- ditto	Hardware, crockery, &c.
Knife board	- ditto	- ditto - - ditto.
Knife-cleaning machine	- ditto	Hardware, &c.
Lactometer	Domestic	Sundries.
Ladder	- ditto	Renewal of furniture.
Lamps	- ditto	- ditto - ditto.
Lamp oil	- ditto	Fuel and lighting.
Lard	Provisions	Butter, cheese, &c.
Laundry machinery, fittings and appliances, repairs to.	Domestic	Washing.
Law charges	Management	Law charges.
Lectures for nurses, fees for lecturers.	Should be written off against fees paid by nurses for training, the balance of which should appear on income side of account.	
Leeches	Surgery and dispensary	Sundries.
Lemon juice	- ditto - - ditto	- ditto.
Lentils	Provisions	Grocery.
Lift, repairs to	Establishment charges	Repairs.
Lighting, *e.g.*, gas, electric, oil, candles, &c.	Domestic	Fuel and lighting.
Limb, artificial	Surgery and dispensary	Instruments and appliances.
Lime juice	- ditto - - ditto	Sundries.
Linen basket	Domestic	Renewal of furniture.
Linen press	- ditto	- ditto - ditto.
Linseed	Surgery and dispensary	Sundries.
Locks	Establishment charges	Repairs.

Items.	Main-Heads.	Sub-Heads.
Machine, sewing	Domestic	Renewal of furniture.
Machinery, laundry, repairs to	- ditto	Washing.
Machinery, other, repairs to	Establishment charges	Repairs.
Mackintosh for operations	Surgery and dispensary	Sundries.
Mackintosh sheeting	Domestic	Bedding.
Mangle	- ditto	Washing.
Marking ink	- ditto	Sundries.
Matches	- ditto	Fuel and lighting.
Material for nurses' dresses	- ditto	Uniforms.
Meat extracts and essences	Provisions	Meat.
Medical officer's fees	Salaries and wages	Medical.
Medicinal waters	Surgery and dispensary	Ice and mineral waters.
Medicines	- - ditto	Drugs, chemicals, &c.
Midwife, fees of	Salaries and wages	Nursing.
Mineral waters	Surgery and dispensary	Ice and mineral waters.
Napkins, table	Domestic	Bedding and linen.
Newspapers for office	Management	Printing and stationery.
Nurses' uniforms, including every article of dress supplied for nurses by the institution.	Domestic	Uniforms.
Oatmeal	Provisions	Bread.
Oil for lamps	Domestic	Fuel and lighting.
Oil, lubricating	Establishment charges	Repairs.
Pails	Domestic	Hardware, crockery, &c.
Pensions and gratuities	The chargeability of pensions to management or maintenance should be determined by the course previously followed with respect to the salary of the person in question, *e.g.*, if the salary was charged to management, the pension should also be so charged.	——
Pensions, official staff	Management	——
Pensions, other	Salaries, wages, &c.	——
Photographs of patients	Surgery and dispensary	Sundries.
Pickles and sauces	Provisions	Grocery.
Plants for garden	Establishment charges	Garden.
Plaster of Paris	Surgery and dispensary	Dressings, bandages, &c.
Postage, not official or appeal; as letters and telegrams to patients' friends, correspondence with tradesmen, with nurses and servants, &c.	Miscellaneous	Printing, stationery, &c.
Potted meat, &c.	Provisions	Grocery.
Power of attorney	Management	Law charges.
Prescription papers, &c.	Miscellaneous expenses	Printing and stationery.
Preserved meats	Provisions	Grocery.
Printing and stationery for wards, for steward's department, housekeeping department, matron's department, with the pens, ink, &c., used in those departments, *e. g.* temperature charts, diet sheets, inventory books, stores account books, tradesmen's order books.	Miscellaneous expenses	Printing and stationery.
Printing and stationery, office	Management	- - ditto.
Rabbits	Provisions	Fish, poultry, &c.
Registers of patients	Miscellaneous expenses	Printing and stationery.
Removal of patients; fares for (unless paid by Samaritan Fund).	Domestic	Sundries.
Repairs, ordinary	Establishment charges	Repairs.
Repairs, extraordinary	Extraordinary expenditure	- ditto.
Report, annual, printing of	Management	Printing and stationery.
Rice	Provisions	Grocery.
Room for meetings, hire of	Management	Sundries.
Rugs for beds	Domestic	Bedding and linen.
Rugs for floor covering	- ditto	Renewal of furniture.

Items.	Main-Heads.	Sub-Heads.
Safe	Domestic	Renewal of furniture.
Salaries and Wages:—		
Secretary	Management	Official salaries.
Chaplain	Salaries, wages, &c.	Other salaries and wages.
Matron	- ditto	Nursing.
Medical officers	- ditto	Medical.
Clerks	Management	Official salaries.
Steward	Salaries, wages, &c.	Other salaries and wages.
Housekeeper	- - ditto	- - ditto.
Sisters	- - ditto	Nursing.
Nurses	- - ditto	- ditto.
Dispenser	- - ditto	Dispensing.
Porters	- - ditto	Other salaries and wages.
Needlewoman	- - ditto	- - ditto.
Theatre attendant	- - ditto	Medical.
Mechanics	- - ditto	Other salaries and wages.
Collectors' salary	Management	Official salaries.
Collectors' commission	- ditto	Commission.
Barber	Salaries and wages	Other salaries and wages.
Bath attendant	- - ditto	- - ditto.
Domestic servants, *e. g.*, cooks, housemaids, ward-maids, scrubbers.	- - ditto	- - ditto.
Gardener	Establishment charges	Garden.
Laundresses and laundry-men.	Domestic	Washing.
Charwomen	Salaries and wages	Other salaries and wages.
Salt	Provisions	Grocery.
Sand	Domestic	Cleaning and chandlery.
Sandpaper	- ditto	- ditto - ditto.
Sardines	Provisions	Grocery.
Sauces	- ditto	- ditto.
Scales, household	Domestic	Renewal of furniture.
Shot for fracture extension	Surgery and dispensary	Sundries.
Solicitor's fees	Management	Law charges.
Soap for household	Domestic	Cleaning and chandlery.
Soap and soda for laundry	- ditto	Washing.
Soda for domestic work	- ditto	Cleaning and chandlery.
Soup, tinned	Provisions	Grocery.
Speaking tubes	Establishment charges	Repairs.
Spirits and wine, as solvents, &c., for drugs.	Surgery and dispensary	Drugs.
Spirits of wine, for tinctures, liniments, &c.	- ditto - ditto	- ditto.
Splints	- ditto - ditto	Instruments and appliances.
Sponges, for surgical use	- ditto - ditto	Sundries.
Sponges, for household use	Domestic	Cleaning and chandlery.
Sprays	Surgery and dispensary	Instruments and appliances.
Starch	Domestic	Washing.
Stretcher	- ditto	Renewal of furniture.
Subscription boxes	Management	Sundries.
Subscriptions to other institutions	Miscellaneous expenses	- ditto.
Sweeping chimneys	Domestic	Cleaning and chandlery.
Table linen	- ditto	Bedding and linen.
Table, operating	- ditto	Renewal of furniture.
Tapers	- ditto	Fuel and lighting.
Tea	Provisions	Grocery.
Telephone	Miscellaneous expenses	Sundries.
Thermometers, not clinical	Domestic	Renewal of furniture.
Tools, carpenters', engineers', &c., &c.	Establishment charges	Repairs.
Towels	Domestic	Bedding and linen.
Travelling expenses. *See* Fares.		
Trays	Domestic	Renewal of furniture.
Turpentine for dispensary	Surgery and dispensary	Drugs, chemicals, &c.
Turpentine for household purposes.	Domestic	Cleaning and chandlery.
Uniforms, porters', nurses', &c.	- ditto	Uniforms.
Utensils	- ditto	Hardware, crockery, &c.
Utensils (china and earthenware)	- ditto	Hardware, crockery, brushes, &c.
Vaccine points and tubes	Surgery and dispensary	Sundries.
Vinegar	Provisions	Grocery.

Items.	Main-Heads.	Sub-Heads.
Wages. *See* Salaries and Wages.		
Washing	Domestic	Washing.
Washing materials, soap, soda, starch, &c., used in laundry.	- ditto	- ditto.
Waters (medicinal)	Surgery and dispensary	Drugs, chemicals, disinfectants, &c.
Weighing machines for wards	Domestic	Renewal of furniture.
Weighing machines for household purposes.	- ditto	- ditto - ditto.
Wills, extracts from	Management	Sundries.
Winding clocks	Domestic	- ditto.
Wine and spirits	Surgery and dispensary	Wine and spirits.
Wine and spirits, as solvents, &c., for drugs.	- ditto - ditto	Drugs, chemicals, disinfectants, &c.

Private and Confidential.—Revision of 7th December 1891.]

Synopsis of the Index of Classification.

Heads of Charge.	Examples of Classification.
Maintenance:	
Provisions:	
Meat	Meat Essences and Extracts.
Fish, Poultry, &c.	Game, Rabbits.
Butter, Cheese, &c.	Bacon, Ham.
Eggs	
Milk	
Bread, Flour, &c.	Oatmeal, Hominy, Cake, Gluten Bread.
Grocery	Potted Meats, Sardines, Preserves, Biscuits.
Vegetables	Fruit.
Malt Liquors	Beer Allowance.
Surgery and Dispensary:	
Drugs, Chemicals, Disinfectants, &c.	Spirits of Wine, &c., for mixing with drugs, and for liniments, tinctures, &c.
Dressings, Bandages, &c.	
Instruments and Appliances	Spectacles, Eyeshades, Crutches, Artificial Limbs.
Ice and Mineral Waters	
Wine and Spirits	
Sundries	Articles not falling under any of above Heads.
Domestic:	
Renewal of Furniture	Carpets and Rugs, Curtains, Fire Extinguishing Apparatus, Lamps, Sewing Machines, Weighing Machines.
Bedding and Linen	Table Linen, Towels, Dusters, Toilet Covers, Tea Cloths, Haberdashery, and renovation and cleaning of Bedding.
Hardware, Crockery, Brushes, &c.	Gas and Lamp Globes, Plates and Dishes, Tumblers, Moulds, Feeders, Porringers, and other Ward Utensils.
Washing	This presents exceptional difficulties in the case of those Institutions doing their own washing, for while laundrymen's and laundresses' wages, and such materials as soap, soda, blue, starch, &c., can be accurately charged, it is impossible to do so with the water, except a separate meter be fixed for the purpose, or with the coal, unless a separate cellar is set apart. Moreover, in the case of a steam laundry, the proportion of wear and tear of machinery, of engineers' wages, &c., chargeable to washing, would—where the machinery performs other operations besides washing—be impossible to determine with accuracy. Estimating the figure is an unsatisfactory expedient, as every computer will proceed probably on different lines; therefore, it is believed that the best plan to follow is to put down only those things which can be accurately charged.
Cleaning and Chandlery	Chimney Sweeping, Carpet Beating, Window Cleaning, Cleaning Materials, as House Flannel, Bath Brick, Furniture Polish, Soap, &c., except for Laundry.

Heads of Charge.	Examples of Classification.
Maintenance—*continued.*	
Domestic—*continued.*	
Water	
Fuel and Lighting	Matches, Tapers, Lamp Oil, Candles, Firing.
Uniforms	All Clothing, or Material for Clothing, supplied to Nurses, Porters, Servants or others, except Patients.
Sundries	Articles not falling under any of above heads, as Carriage of Parcels, Fares of Employés, Marking Ink, Christmas Boxes, &c.
Establishment Charges:	
Rates and Taxes	
Rent	
Insurance	
Garden	Garden Implements, Plants, Gravel, &c., for Walks, Wages of Gardener.
Annual Cleaning	
Repairs	Includes Mechanics' Tools and Materials, the Repair (not replacing) of large Fittings of all kinds, as Stoves, Kitcheners, &c., and the Repair and Renewal of such as Gas Fittings, Locks, Door Handles, &c.
Salaries, Wages, &c.:	
Medical	
Dispensing	
Nursing	
Other Salaries and Wages	Board Wages.
Pensions	
Miscellaneous Expenses:	
Printing, Postage, Stationery and Advertisements.	Forms, Books and Stationery, &c., for Ward and Domestic Purposes, as Prescription Cards, Diet Sheets, &c., Maintenance Postage (Steward's Department, &c.), Advertisements (Contracts, &c.).
Sundries	Funerals, Post-mortem Examinations.
Administration:	
Management:	
Official Salaries	Secretarial Department.
Commission	Whether paid to Secretary, Clerks, Collectors, or others.
Pensions	Secretarial Department.
Printing and Stationery	Except Appeals and Maintenance Printing, as above, and including Annual Report.
Postage and Telegrams	Except Appeals and Maintenance Postage.
Advertisements	Except Appeals and Maintenance Advertisements.
Law Charges	
Interest on Loan	
Auditors' Fee	
Sundries	Fares, Secretary's Department, Commission on P.O.O.'s, &c., Extracts from Wills, Hire of Rooms for Meetings, Subscription Boxes.
Finance:	
Appeals	Including Advertisements, Postage, and all Expenses.
Festival	All Expenses attending Festival.
Total Ordinary Expenditure	
Extraordinary Expenditure:	
Building Improvements and Additions.	Additions and Alterations to Drains, &c.
Repairs	Repairs exceptional as to extent and expense, not executed yearly.

Appendix No. 2.

Statement presented to the Select Committee of the House of Lords on Metropolitan Hospitals.

The Council of the Irish Medical Schools' and Graduates' Association craves permission to point out the injustice and inexpediency of certain bye-laws which are in force at many English hospitals, and in consequence of which fellows and members of the Irish College of Physicians, and fellows of the Irish College of Surgeons, are excluded from competition for most of the higher English hospital appointments. These bye-laws provide that all candidates for medical vacancies in the hospitals must possess the diploma of fellow or member of the Royal College of Physicians, London, in addition to the degree of M.D. of a British university, and that candidates for surgical posts must have the diploma of fellow of the Royal College of Surgeons of England.*

If these bye-laws remain in force throughout England, Irish higher degrees and diplomas will not be of use to anyone wishing to advance in his profession in this country; and the effect of this public depreciation of the higher Irish qualifications in medicine and surgery of necessity tends to lower the status and value of all Irish qualifications.

In this and in other respects their maintenance tends to defeat the purpose of the Medical Act of 1858, which, in providing for a uniform and efficient standard of education, contemplated the abolition of the old monopolies, and the establishment in their place of equal authority amongst the licensing bodies. Such equality is fully implied by the regulations of the General Medical Council, and the parents and guardians of youth are led to believe in its existence. The places chosen for the education of the latter are determined by convenience, and without misgiving as to subsequent disadvantages. The guarantees of the State are accepted without question, and it is only when the course of study is completed, and his resources probably exhausted, that the medical man finds himself marked out by irresponsible bye-laws as a member of an inferior caste, and, whatever his merits and attainments, debarred from seeking the highest privileges of his profession, or condemned for life to a particular locality.

As the bye-laws referred to also exclude all Scotch graduates and diplomates, these observations apply equally to Scotland.

While the Irish Medical Schools' and Graduates' Association takes action in this matter, specially on behalf of its members and in the cause of Irish medical education, the question has obviously a much wider scope, and involves the interests of all university graduates, whether English, Irish, or Scotch.

If it could be proved that the higher diplomas of the colleges of physicians and surgeons of Ireland can be obtained on less secure guarantees of capacity on the part of their diplomates than those qualified in the English colleges, or that they were conferred with less stringent enactments for the maintenance of the honour and dignity of the medical profession, there would then doubtless be tangible ground for the refusal of hospital boards in England to permit Irish diplomates to compete for posts of responsibility in English institutions.

But an appeal to facts may be made to refute such an allegation.

The regulations to be complied with for the diplomas of member and fellow of the Irish College of Physicians and fellow of the Royal College of Surgeons in Ireland are open to every one to compare with those for the corresponding English licences, as also the rules governing the mode of practice of the diplomates. It will be found that the Irish enactments are quite as strict, and the ground of study covered quite as extensive; while, in one most important particular, the latitude allowed to fellows of the English College of Surgeons to dispense medicines, provided they do so "in the due exercise or practice of their profession as apothecaries," is denied to Irish fellows, who are thereby debarred from availing themselves of what must prove a most unworthy, if not lucrative, addition to the English fellow's calling. The membership of the Irish College of Physicians and the fellowship of the Irish College of Surgeons are only obtained after strict examination, while the fellowship of the College of Physicians, like that of the English one, is conferred by election, on the ground of distinguished merit and high professional standing; and is, consequently, quite as good a guarantee of professional conduct as that of the English college. (The regulations of the Colleges of Physicians and Surgeons of Ireland are appended to this statement in parallel columns with those of the English colleges.) This statement is furnished in a separate document.

The highest positions in the public services have been frequently held by Irish and Scotch diplomates, who have had no English degrees or diplomas. All over the British empire, in naval and military hospitals and in active service in the field, Irish diplomates have

* Those holding English diplomas, who elect to practise in Ireland, have no such barriers placed in the way of their seeking Irish hospital appointments.

have filled, and are filling, most responsible positions of trust of the highest importance to the State. In a large number of colonial hospitals and schools they hold foremost places as teachers or operators. The records of the competitive examinations, both in the home and Indian naval and military medical services, can be adduced as proof that the Irish schools have sent many of the most distinguished candidates to compete for these coveted posts.*

The work done in Irish hospitals, and in the great medical schools of Ireland, has been achieved, and is being carried on, by men who have never obtained English qualifications. Some of the most illustrious names in British medicine and surgery are associated with these schools. We might instance Richard Graves, one of the foremost physicians of his day in any country, whom the eminent Trousseau ranked as one of the "greatest clinical teachers" of the time; the original thinkers, Stokes and Corrigan, who have left an imperishable fame as clinical investigators; the famous roll of Dublin obstetricians, workers in a school resorted to by students of various nationalities for the past hundred years, and still yielding to no other in maintaining its proud traditions; the familiar names of Bellingham, Marsh, Colles, Harrison, Robert Smith, and a host of other well-known surgical workers, all educated in the Dublin schools of anatomy and surgery. It would be invidious to point to any special names of living physicians, surgeons, and teachers in the Irish medical schools and hospitals, but it may be well to refer to the fact that in the year 1887 many of the English leaders in medicine and surgery visited the Irish metropolis when the British Medical Association was entertained there, and thus had an opportunity of seeing the facilities for education both in hospitals and schools which Dublin possesses. At that meeting this system of exclusion was openly challenged, at the instance of Sir Thomas Crawford, K.C.B., Director General of the Army Medical Department, then President of the Irish Medical Schools' and Graduates' Association, and a Resolution, condemning it, was passed by an overwhelming majority; so that, at the present moment, the British Medical Association stands strongly opposed to the principle of refusing recognition to the higher Irish and Scotch qualifications by hospital authorities in England:

> "This Association is of opinion that the diplomates of Irish and Scotch Universities and Corporations should possess the same privileges, in respect of public appointments, as are enjoyed by the diplomates of the other division of the United Kingdom."

If it could be urged that the bye-laws in question were universally in force, the plea of custom would have some cogency, but this is far from being the case. Of 268 of the principal hospitals in England more than one-half admit Irish and Scotch diplomates on an equal footing with their English brethren, and amongst the metropolitan hospitals having schools attached, St. Mary's and the Westminster afford a bright example of tolerance and enlightenment. Within the last year also the governors of the Bristol General Hospital have lent an ear to the representations of this association and repealed the obnoxious rule. In these and other English hospitals, where the bye-law does not exist, it has never been said that their duties are discharged less efficiently by Irish physicians and surgeons than by their English colleagues, while in the practice of their profession amongst the outside public, if the test of professional success in life is applied, Irish and Scotch diplomates are, in many of the large English centres, the most successful practitioners, and hold responsible public offices.

The fact that these expressive bye-laws exist sufficiently proves the need for their removal, since it implies that without them the governing bodies would be tempted to enlarge the field for selection. This is a consummation to be desired by everyone who has at heart not only the interests of the hospitals as institutions for the relief of the sick and suffering, but who in a liberal and progressive spirit is also desirous of advancing the science of medicine and the art of surgery. By such restrictions as those complained of, which narrow the field of selection and necessarily exclude a large number of highly qualified candidates, it is certain that an injustice must occasionally be done to the institutions affected, while men who might advance medicine or surgery by original research or otherwise, are debarred from the opportunity of so doing, through their exclusion from clinical work in the hospital ward.

It is assumed that the colleges exercise a salutary control in the matter of the professional ethics of their higher diplomates, and that such control to be efficient must be local; that consequently English charitable institutions, by restricting the selection of their officers to the members and fellows of the London colleges, secure the advantages of a professional censorship. If it be admitted that this consideration has some weight in the case of the College of Physicians, we would urge that it may safely be left to the governing bodies to estimate the necessity and to appraise the advantage at its proper value in each case. We would point out further, that the English College of Surgeons has no pretensions to this moral influence, and in the case of its fellows, such an advantage cannot be supposed to exist.

It is very necessary to distinguish between exclusion from competition, such as we complain of, and a failure from any cause to secure a due proportion of honorary appointments. The latter we do not fear, the former is an anomaly without parallel in the body politic

* The fellowship of the Royal College of Surgeons in Ireland is accepted by the Medical Department of Her Majesty's Army as an equivalent substitute for the examination required to be passed by surgeons of the Army Medical Staff previous to promotion to higher rank.

politic or social. It carries with it a stigma of unworthiness, and besides that, it is contrary to the public interest; it tells severely upon the fortunes of individuals, marking them out as belonging to an inferior grade, and seriously injuring them in their private practice.

We have endeavoured, with an open mind, to discern and to discuss the possible grounds upon which this anomaly might be based, and we are driven to the conclusion formulated by the Council of the British Medical Association, and adopted by the general meeting which took place at Bournemouth in July 1891, that "the exclusion of persons holding qualifications, which in the profession are known to be of the highest possible character, was probably owing to the ignorance of those who originally drafted the rules, and probably the restrictions are maintained for a similar reason."

E. D. Mapother, M.D.,
Fellow (late President) R.C.S.I., Chairman.

James Cagney, M.A., M.D.,
M.R.C.P. (Lond.), Honorary Secretary.

11, Chandos-street, W.,
3 March 1892.

Appendix, No. 3.

PAPERS put in by *Chairman*.

A.—General Hospitals with Schools in the Metropolis.—Notes respecting their System of Government. The Endowed and Voluntary General Hospitals.

	Founded.	Incorporated.	Courts.		Committees.				Medical Council.	Governors.		Almoners.	Medical and Surgical Staff.
			General.	Special General.	House.	Almoners'.	Audit.	Apothecarys'.		Number and Qualification of.	Privileges of.		Qualification and Election of.
- -	1122 Re-founded 1547	—	Quarterly: January, April, July, and November. Elects the high officials and fills vacancies amongst them. The Almoners and the Committees are elected by this Court. 13 Governors form a quorum.	Can be convened by the President, or Treasurer, or by a requisition in writing signed by 13 Governors at least. Standing Orders can be altered only by a General Court.	Meets monthly or as often as the President or the Treasurer thinks necessary. It consists of the President, Treasurer, Almoners, Past Almoners, and 21 Governors, who shall have given a benefaction of £100 or upwards to the Hospital, or shall have served the office of Steward of the Anniversary Dinner. It manages the estates and houses, and regulates the affairs of the Hospital, subject to the approval of the General Court. 5 Governors form a quorum.	Is the Executive Committee; it meets Weekly, and with the Treasurer supervises the business of the Hospital and reports to the House Committee.	Meets at such times as the Treasurer may appoint, to audit the Hospital accounts. It consists of 13 Governors. The accounts are also audited annually by a Professional Accountant (not a Governor) who is appointed by the House Committee.	Shall be summoned to meet when the Treasurer may deem it necessary. It consists of the President, Treasurer, Past and Present Almoners, and all such Medical gentlemen as shall have served the office of Steward of the Anniversary Dinner. They shall attend and (assisted by the Physicians, Assistant-Physicians, Surgeons, and Assistant-Surgeons) direct the purchase of all drugs, &c., for the use of the Hospital. 2 Members form a quorum.	Meets Quarterly: January, April, July, and November, and when required by the Treasurer. It consists of the Physicians and Surgeons and their Assistants, the Physician Accoucheur and his Assistant, the Ophthalmic Surgeons, and the Aural Surgeons. They consider questions referred to them by the House Committee, and any matter relating to the Medical Department of the Establishment or to the Medical School may be considered by the Council.	There are 273 Governors. They are proposed by others, who have the power of nomination, and must give a donation of £50 to the Hospital, and be approved of first by the House Committee, and afterwards by the General Court. Persons who have rendered special service to the Hospital may be elected Governors by the General Court without nomination, as also those who have given a benefaction of £100 to the funds of the Hospital. The Aldermen of the City of London (26 in number) and 12 Common Councilmen are *ex-officio* Governors.	The President for the time being may appoint 3 Governors, the Treasurer 2 Governors annually, and each of the Almoners (after having been twelve months in office) may nominate 1 Governor for each year they serve the office of Almoner, and every Governor having served as a Steward of the Anniversary Dinner may once nominate a person for a Governor, but every person so appointed or nominated must give a donation of £50 to the Hospital.	There are 4 Almoners, who are Governors who at the time of their election as Almoners must have served or be serving on the House Committee. They serve for four years. One goes off annually at the Court in July, at which Court another is chosen in his place. The present and past Almoners are Members of every Committee.	Physicians must be Fellows of the Royal College of Physicians of London. Assistant-Physicians either a Fellow or a Member of the College of Physicians of London. Surgeons or Assistant-Surgeons must be Fellows of the Royal College of Surgeons of England. Physicians or Surgeons must retire at 65 years of age. Re-appointed annually by General Court.
- -	1207	—	Quarterly: January, April, July, and November. Same as St. Bartholomew's.	Can be convened by a resolution of the Grand Committee, or by the requisition of 13 Governors.	The Grand Committee meets Monthly, and consists of the President, Treasurer, and 30 Governors. Their duties are similar to those of the House Committee at St. Bartholomew's. 5 Governors form a quorum. The House Committee consists of the Treasurer and Almoners, the Dean of the Medical College, the Senior Physician, the Senior Surgeon on the Acting Staff, and 6 Governors, 2 of whom are retired Medical Officers on the Consulting Staff.	Is the Executive Committee. It meets every Week, and is similar to that of St. Bartholomew's.	Meets at such times as the Treasurer may appoint for the purpose of auditing his and the Receiver's accounts. It consists of 8 Governors, 4 of whom are selected from the Grand Committee.	Same as at St. Bartholomew's, with the exception that there is no mention of the Medical gentlemen who have served the office of Steward of the Anniversary Dinner being on this Committee.	Meets generally every week. It consists of the Medical and Surgical Staff, and all matters connected with the School come before it, and all appointments of students to offices in the Hospital are considered by it. It would also have matters connected with nurses brought to its notice for report.	A Governor must be first recommended by the Grand Committee, and must have given £50 at least to the Hospital, unless he has served the Hospital in some special way.	Can recommend patients - -	There are 4 Almoners. Their duties are to attend every week at the Hospital Counting House to advise and assist the Treasurer in the business of the Hospital. To visit the wards occasionally, and to make inquiries and to report to the Treasurer. To audit the Receiver's cash accounts every month, and to attend the Treasurer when summoned for any purposes of the Hospital.	The same as at St. Bartholomew's, except that the age for retirement is 60 years, or after having served 20 years on the full staff. Vacancies declared by Grand Committee and reported to the Special General Court, which appoints the Physician or Surgeon to fill the vacancy.
- -	1721	1721	Quarterly - - - - - The proceedings of the Court of Committees are read before these Courts.	The Court of Committees practically discharges the whole business of the Hospital. It consists of 21 Governors, 7 of whom go out every year. They meet 7 times a year. The Treasurer can call the Court together when he thinks it necessary. 7 Governors form a quorum.	The Taking-in-Committee meets once a Month; it consists of 10 Governors and 2 Members of the Medical Staff, and Superintendent, who acts as Secretary. They have no authority to issue any orders, but they consider nursing matters, and their opinions are submitted to the Court of Committees. It is a Sub-Committee for considering Medical and Nursing arrangements.	A Standing Sub-Committee, consisting of the Treasurer and 3 Governors, regulates the management of the estates. Other Sub-Committees are formed to consider special matters.	The Court of Committees - - -	The Treasurer and Superintendent -	The Medical and Surgical Staff form a Medical Committee, to which matters are occasionally referred by the Taking-in-Committee. There is also a Surgical Committee, which consists entirely of Surgeons. They consider matters connected with surgical instruments.	There are 60 Governors. They are a self-elected body. They are Trustees of the Charity, and when a vacancy occurs the Governors may appoint any one they like.	None.	None.	It is not necessary for the Physicians to be Members of the Royal College of Physicians, or for the Surgeons to be Fellows of the Royal College of Surgeons. They are recommended by the Medical Staff, and they are elected by the General Court. They must retire on arriving at 60 years of age.
- -	1719	1836	The Charter gives the Corporation power to acquire and hold real property to the extent of £20,000 a year.	Quarterly, General, or Special General Courts open to all Governors. 9 Governors form a quorum.	The House Committee meets at least once a Week. It consists of the President, the Vice Presidents, the Treasurers, and 36 Governors elected at the first Quarterly Court in the year. 10 of these may be medical men. They transact the ordinary business of the Hospital. They appoint 2 Visitors to visit the Hospital when they think fit, for a Month at a time. 3 Governors form a quorum.	None.	The Audit and Finance Committee meets once a Quarter. It consists of 5 Governors elected at the first Quarterly Court. They audit and conduct the ordinary finances of the Hospital. 2 Governors form a quorum. The Samaritan Fund Committee consists of 10 Governors, with the Chaplain as Almoner.	The Estates Committee meets once a Quarter. It consists of one of the Treasurers and 8 Governors. They report from time to time to the House Committee, and annually to the first Quarterly General Court. 3 Governors form a quorum.	The Medical Committee meets once a Quarter. It consists of the full Medical Staff if they are Governors, and 7 other Governors conversant with Medical matters. They report to the House Committee on matters referred to them, and on the drugs, &c. They report annually to the first Quarterly General Court. 3 Governors form a quorum. The Nursing Joint Committee consists of a Chairman and 3 representatives of the Hospital and 3 representatives of the Westminster Training School and Home for Nurses.	Donors of £30 are Life Governors, and subscribers of £3. 3s. are Governors.	Life Governors and Governors are entitled to recommend 3 In-patients and 6 Out-patients every year.	None.	Physicians must be Members of the Royal College of Physicians of London, and Surgeons must be Fellows of the Royal College of Surgeons of England. They must retire at the age of 65 years. Members of the Staff are elected by the House Committee subject to confirmation by the next Quarterly or Special General Court.
- -	1733	1834	Hospital empowered to acquire real property to the yearly amount of £20,000, exclusive of the land upon which the Hospital stands, and of the tenement in Old Bond Street.	Quarterly Courts are held in February, May, August, and November in each year, and Special Courts can be summoned if required.	The Weekly Board is open to all Governors. It regulates the several departments of the Hospital, and manages its affairs in every respect, subject only to the control of the Quarterly or Special Court. 5 Governors form a quorum. 4 Visitors are appointed Monthly.	None.	The Finance Committee consist of 9 Governors. It discusses all matters connected with the finances of the Hospital, the tradesmen's accounts, all questions of selling stock, and increase of salaries.	The General Purposes Committee consists of 20 Governors. It considers matters concerning repairs, alterations, or additions to the Hospital; it receives tenders and accepts contracts for provisions. If any question of management comes before the Weekly Board it is referred to this Committee to inquire into and report on. It meets usually twice a month.	The Medical Committee consists of all the Physicians and Surgeons of the Hospital. The Nursing Committee meets monthly. It consists of 12 Governors and all the Medical Staff. It has full control over the Nursing Department, subject to the Weekly Board.	There are about 1,000 Governors. Donors of £50 and Subscribers of £5. 5s. can be elected as Governors.	A Governor can recommend In-patients provided that he has only one such Patient in the Hospital at the same time.	None.	Physicians must be Members of the Royal College of Physicians of London, and Surgeons must be Fellows of the Royal College of Surgeons of England. Retiring age, 65 years, or after 20 years' service on the full staff. The Staff is elected by a Committee, the members of which are elected by ballot at a Quarterly Court.
- -	1740	1758	Hospital empowered to acquire real property to the yearly amount of £4,000 by the charter. The London Hospital Act of 1884 gives additional powers with regard to leases, and further power as to investment. Also gives power to the hospital to receive paying patients (10 per cent. of the total number of beds in the wards).	Quarterly General Court in December elects the Committee for the management of the Hospital, and fills any vacancies amongst the high officials.	The House Committee meets once a week or oftener. It consists of 30 Governors. They manage the work of the Hospital, and can make standing orders; can appoint, suspend, or discharge all servants; can suspend officers pending a Meeting of a General Court. They appoint 2 visitors every fortnight to visit and make inquiries in the Hospital. 3 Governors form a quorum.	None.	The Committee of Accounts meets Quarterly. It consists of 12 Governors. They examine and audit the accounts. 3 Governors form a quorum.	The Drug Committee meets at least once a Quarter. It consists of 6 Governors. They order all articles that may be wanted for the Dispensary, a list having been first certified by the Senior Dispenser. They report to the House Committee. Notice of every Meeting is sent to each Medical Officer. 3 Governors form a quorum.	The Medical Council meets when required. It consists of the whole of the full Medical and Surgical Staff. The College Board consists of 6 Members of the Medical Staff and 6 Members of the House Committee.	Life Governors are qualified by a donation of £31. 10s., and an annual Governor by a Subscription of £5. 5s.	Each Governor is entitled to 16 Tickets or Letters a year.	None.	Physicians must be Members of the Royal College of Physicians of London, and Surgeons must be Fellows of the Royal College of Surgeons of England. Must retire after 20 years' service on the full staff. The Staff is elected annually by Quarterly Court in December. Vacancies are filled by Special General Court on the recommendation of the House Committee.

A.—General Hospitals with Schools in the Metropolis.—Notes respecting their System of Government.—The Endowed and Voluntary General Hospitals—*continued*.

	Founded.	Incorporated.	Courts.		Committees.				Medical Council.	Governors.		Almoners.	Medical and Surgical Staff.
			General.	Special General.	House.	Almoners'.	Audit.	Apothecary's.		Number and Qualification of.	Privileges of.		Qualifications and Election of.
Middlesex	1745	1836	Hospital empowered to acquire real property to the yearly amount of £2,000, exclusive of the Hospital and money invested on mortgage.	Quarterly General Courts. Special General Courts may be summoned.	The Weekly Board. The Members are elected annually by one of the Quarterly Courts. It consists of 24 Members. They manage the Hospital and appoint Visitors. They make all contracts and appoint Sub-Committees. 3 Members form a quorum. The President, Vice-Presidents, and Treasurers are *ex-officio* Members of the Weekly Board.	None.	The Election Committee meets when summoned. It consists of the Treasurers, 3 Members of the Medical and 3 Members of the Surgical Staff, 6 Members of the Weekly Board, and 12 Governors not on the Weekly Board or Members of the Acting Medical Staff. They elect or remove the Honorary Medical Staff, and also other salaried officers. 5 Members form a quorum except when a question of the dismissal of one of the Medical or Surgical Staff is before them, when 15 Members must be present.	The Board Sub-Committee examines weekly all the Hospital books, and those of all the officials, and the Medical Officers' Attendance Book. There is a Finance Sub-Committee, and a Nursing Sub-Committee.	The Medical Committee consists of all the Medical and Surgical Staff, and 6 Governors who are not on the Medical Staff. 3 Members form a quorum. A Drug Committee of 4 Members of the Medical Staff.	Donations of £31. 10*s*., and subscriptions of £3. 3*s*. qualify for Governorship.	Governors are entitled to recommend 9 patients annually, 2 of whom may be lying-in married women.	None.	Physicians and Surgeons must be Members of their respective Royal Colleges. Must retire at the age of 65 years. Surgeons must not have practised as an Apothecary or as an Accoucheur for at least 3 years before the declaration of vacancy, nor must he so practice during his continuance of office. Members of the Honorary Staff are elected by the Election Committee.
Charing Cross	1834	1883	Hospital empowered to acquire real property not to exceed the yearly amount of £5,000, exclusive of the real estates now or hereafter to be occupied by the Hospital and Medical School.	A General Court has jurisdiction over the Institution. It meets in February every year, and also on other occasions, for the consideration of weighty matters. 6 Members form a quorum. The General Court has only power to elect the Members of the Council and the Auditors. The Council is the paramount authority. For instance, if the Council turned out the Secretary, the General Court could not annul the proceeding.	The Council meets every Month. It consists of the Patrons, President, Vice-Presidents, together with the Trustees and Treasurers, the 8 Senior Physicians, the Physician Accoucheur, and the 3 Senior Surgeons and 24 Governors. It has full jurisdiction over the affairs, finances, and officers of the Hospital. 5 Members form a quorum.	None.	The Finance Committee meets every Week, and reports to the Council every Month. It consists of 3 Members of the Council, elected annually by that body. They take cognisance of all matters relating to the income and expenditure of the Hospital.	The Weekly Board consists of Members of the Council and all Benefactors and Governors who may be inclined to attend. No Member can vote unless he be a Governor. Their duty is to regulate the admission and discharge of Patients, superintend the various departments—lay and professional, to give directions, and make temporary arrangements for the advantage of the establishment, subject to the sanction of the Council.	The Medical Committee meets once a Month. It consists of the Physicians and Surgeons in charge of In- and Out-Patients, Assistant Physicians and Surgeons, and 4 Members of the Council not being Medical Officers of the Hospital. They consider all questions relative to the medical affairs of the Hospital, and report to the Weekly Board. 3 Members form a quorum, 1 of whom must be a full Medical Officer.	Life Governors qualified by a donation of £21.	Life Governors are entitled annually to 2 In- and 6 Out-Patients' Letters, and 1 vote at elections. Annual subscribers of £3 3*s*. are entitled to 1 In- and 6 Out-Patients' Letters, and 1 vote at elections for every £3. 3*s*. subscribed.	None.	Physicians must be Members of the Royal College of Physicians of London. Surgeons must be Fellows of the Royal College of Surgeons of England. Retiring age, 60 years. Members of the Staff are elected by the Council on the recommendation of a Special Committee appointed by the Council.
University College	1833	1859	The College Act gives power to the Corporation to acquire land within a certain limit.	The Hospital is under the Government of the Council of the College, and the making or altering of the laws for its management is vested in the Council. There is an Annual Meeting of the supporters of the Hospital.	The Hospital Committee meets not less than once in three Weeks. It consists of 24 Members, of whom 21 are Life Governors, Donors, or Subscribers, or are representatives of the Council of the College, and 3 are Delegates from the Medical Committee. Of the 21 Members, 14 are elected at the Annual General Meeting, 7 are appointed by the Council. They conduct the business of the Hospital and appoint Sub-Committees, and submit their Minutes to the Council at their Ordinary Sessions. 3 Members form a quorum.	None.	The House and Finance Committee meets every Fortnight. It consists of 9 Members of the Hospital Committee. They examine the accounts and recommend payments to the Hospital Committee. They appoint the servants, &c., and report to the Hospital Committee.	The Samaritan Fund Committee consists of 9 Members of the Hospital Committee. It deals with the Samaritan Fund, and receives the report of the Invalid Dinner Table. The Samaritan Fund assists the families of In-Patients.	The Medical Committee consists of the Members of the Faculty of Medicine of the College, and Members of the full Medical Staff of the Hospital. They have control over the Medical and Surgical Departments of the Hospital, the Dispensary, the Students, and the Patients. They form Sub-Committees. Their Minutes are submitted to the Council, and to the Hospital Committee. 3 Members form a quorum.	Life Governors qualify by a donation of £31. 10*s*.	Life Governors can recommend 3 In- and 6 Out-Patients every year. Annual Subscribers of 10*s*. 6*d*. can vote at Annual Meeting. Donors of £10. 10*s*. and subscribers of £1. 1*s*. are eligible to serve on Committee.	None.	No law as to the Physicians and Surgeons belonging to the Royal Colleges. They must retire at the age of 65 years. Members of the Staff are elected by the Council of the College.
King's College	1839	1851	The Members of the Council of King's College and the Principal of the same College are *ex-officio* Governors of the Hospital, and they, together with the President, Vice-Presidents, and Treasurer of the Hospital, and Governors of the Hospital, form the Corporation. Every legacy of £100 or upwards to be invested.	The Annual Court is a General Court of the Corporation, and is held in February, when the Members of the Committee of Management, the Treasurer, and the 2 Auditors are elected. Quarterly Courts are held in May, August, and November in each year. 9 Members form a quorum.	The Committee of Management meets at least once every Month. It consists of the Treasurer, Chaplain, the Principal of King's College, and Governors not exceeding 24 in number. They have entire management of the Hospital, and of the affairs of the Corporation, but before dealing with property must obtain the sanction of the Council. They elect from among themselves the Members of the other Committees. 3 Members form a quorum.	None.	The Finance Committee meets Monthly. It consists of the Chairman, Vice-Chairman of the Managing Committee, the Treasurer, and at least 2 other Members. They examine the accounts, and, under the direction of the Committee of Management, supervise the income and expenditure of the Hospital.	The Dispensary Committee meets Monthly. It consists of at least 3 Governors who are Members of the Pharmaceutical Society. 2 Members form a quorum.	The Medical Committee meet as directed by the Committee of Management. It consists of the Medical Officers of the Hospital and 3 Governors. They consider and report upon medical matters referred to them by the Committee of Management. 3 Members form a quorum.	Governors are qualified by donation of £31. 10*s*., or subscription (annual) of £3. 3*s*.	Governors are entitled to recommend 3 In- and 6 Out-Patients in each year.	None.	Physicians must be Members of the Royal College of Physicians of London, or obtain the Membership within a year of their appointment. Surgeons must be Fellows of the Royal College of Surgeons of England, or obtain the Fellowship within a year of their appointment. The retiring age is 65, unless by special permission of Council of King's College, renewed year by year. Members of the Staff are appointed by the Council of the College.
St. Mary's	1845	—	Unincorporated	Quarterly Courts appoint the Standing Committees. It confirms or not the Minutes of the Weekly Board, and in this way keeps a control over the affairs of the Hospital. There is an Annual Court, to which all Subscribers can come.	The Weekly Board is an open Board. All Governors can attend. They receive the Reports of the Committees, and of the Chaplain, the Matron, and Resident Medical Officer. They examine the books, and generally control the management of the Hospital. They appoint 2 Visitors every Month.	None.	The House and Finance Committee consists of the Treasurers and 5 Governors. They meet every Fortnight, and every other Meeting they thoroughly check the accounts for the past month. They receive reports from the Secretary, Matron, and Steward. The Steward's accounts are checked, and payments recommended to the Weekly Board. They practically manage the Hospital under the Weekly Board.	There is a Building Committee, consisting of 5 Governors. There is also a Convalescent and Patients' Aid Fund Committee, consisting of 5 Governors and the House Visitors for the Month.	The Medical Committee meets Monthly. It consists of the Consulting and Acting Medical Staff, the Dean of the School, and 10 other Governors. They appoint Dispensary Visitors every Month. They deal with all medical questions, and report to the Weekly Board.	Donors of £31. 10*s*. and subscribers of £3. 3*s*. are Governors.	Governors may recommend 3 In-Patients and 18 Out-Patients annually, and are entitled to attend and vote at all Boards.	None.	No law as to the Physicians being Members of the Royal College of Physicians of London. Neither are the Surgeons compelled to be Fellows of the Royal College of Surgeons of England. Retiring age for Physicians and Surgeons is 65 years. The election of the Staff is conducted by an Election Committee of 25 Governors, appointed by a Special Board of Governors for the purpose.

B.—General Hospitals with Schools in the Metropolis.—Notes on Wards, Beds, and Patients.—Endowed and Voluntary Hospitals.

BEDS.									WARDS.	IN-PATIENTS.						OUT-PATIENTS AND CASUALS.												
Total No. Beds.	Total No. in use.	No. unoccupied for want of funds.	Average No. left unoccupied for necessary Hospital work, repairs, cleaning, &c.	Average Daily No. of Occupied Beds.	Cost of Occupied Bed, and method of calculating it.	No. of Medical.	No. of Surgical.	No. for Specialities.	No. of Isolation.	No. of Paying.	No. of Wards, and No. of Beds in each. No. of Nurses to each by day and by night.	No. of In-patients in 1890.	Cost of each, and method of calculation.	If payment is received from.	What No. of Paying.	What are the amounts charged.	What sum was received from this source in 1890.	Are they expected to provide themselves with any articles of clothing or food, or to pay for washing.	Total No. of Out-patients in 1890.	Total No. of Out-patients' Attendances in 1890.	Total No. of Casualties in 1890.	Total No. of Casualty Attendances in 1890.	Cost of Out-patient and method of calculation.	Cost of Casualty Patient and method of calculation.	If payment is received from Out-patients.	If payment is received from Casuals.	What is the sum charged.	Amount received from Out-patients and Casuals in 1890.	Arrangements made to prevent abuse of the Out-patient and Casualty Departments.	If Governors' Letters are required.
667	667	*Nil.*	15 to 16 %	The average in 1890 was 533. This was an unusually low number owing to the closure of wards for fitting of lifts. The average is generally 560.	No estimate is formed. [It is not possible to state with any exactness what is the average cost per bed, inasmuch as not only In-patients, but a very large number of Out-patients also are treated at the Hospital, and no separate accounts distinguishing the cost of each of the two classes of patients are or can be kept. Medicine, dressings, and nursing appliances for both In-and Out-patients are supplied from a common stock; the services of many medical and other officers are given to both, and both make use in common of some parts of the Hospital buildings. If any estimate were formed it would necessarily be more or less speculative.]	198	366 including 26 Syphilitic.	99 20 Uterine. 25 Ophthalmic. 23 Erysipelas. 10 Diphtheria. 18 Casualty.	4	*Nil.*	29 Wards. 2 wards with 31 beds. 1 „ 30 „ 4 „ 28 „ 5 „ 26 „ 3 „ 25 „ 2 „ 24 „ 1 „ 23 „ 3 „ 22 „ 1 „ 20 „ 1 „ 16 „ 1 „ 15 „ 1 „ 14 „ 1 „ 12 „ 1 „ 4 „ The ordinary staff for all but the small wards is 1 sister and 4 Nurses by day; 2 Nurses by night.	6,447 in 1889. 6,765 in 1890.	No estimate formed. (See answer to "Cost of Bed.")	No.	None.	*Nil.*	*Nil.*	No articles of food have to be provided by patients. They are expected to provide a change of personal linen, and to have it washed; but in case of need this is provided by the Hospital.	19,001 in 1889. 18,901 in 1890.	No record kept of number of attendances.	137,399 in 1889. 132,912 in 1890.	No record kept of number of attendances.	No estimate formed. (See answer to "Cost of bed.")		No.	No.	*Nil.*	*Nil.*	There is an Inquiry Officer, whose business it is to take the name and address, and investigate the circumstances of any seemingly well-to-do applicants. He informs them of the fact that the Hospital is only intended for the indigent. In case of need he pursues his inquiries at the applicant's home, and reports thereon to the Treasurer. Out-patients are never rejected; but if they appear to be in such circumstances as not to need gratuitous relief, they are warned not to come again. It occasionally happens that on being informed of the charitable purposes of the Institution, would-be patients voluntarily go away without treatment.	Letters are not required either for In- or Out-patients, and no preference is shown to a patient who brings a Governor's letter.
589	436 and 43 in paying Home.	90	10 %	348	£93. 10s. 3d. (10 years' average). By dividing the expenditure by the average number of occupied beds.	130	200	84 21 Gynæcological. 25 Ophthalmic. 8 Syphilis.	52 16 Erysipelas. 18 Enteric and Diphtheria. 18 Scarlet Fever (in Block B).	43 in Home.	20 Wards, including Isolation, with from 8 to 30 beds in each. 1 Sister, 1 Staff Nurse, and 2 Probationers to each large ward by day; and 1 Nurse by night.	5,226	About £7. 0s. 1d. By dividing the expenditure, £36,620. 2s. 11d., by the number of patients.	Yes, a few.	42 in the Hospital Wards, and St. Thomas's Home, 415.	£1. 1s. per week in the general wards. £3. 3s. the minimum in the Home.	£5,714. 4s. 8d. received in 1889. 1890. Hospital - £. s. d. 186 4 – St. Thomas's Home - 5,270 4 10 Total - £5456 8 10	Patients find their own clothing and washing of body linen, but if not able to do the latter, it is paid for by the Samaritan Society. All food is provided by the Hospital.	About 25,000 in 1889. 21,679 in 1890.	74,705	67,389	67,389	About 2s. 6d. (These are roughly estimated.)	About 1s. 4d.	No.	No.	*Nil.*	*Nil.*	The Resident Officers draw the Steward's attention to such cases as they consider require inquiry. No patients are rejected if there is room in the Hospital.	Governors' letters are not required either for In- or Out-patients. The bearers of such letters would have precedence if their needs were equal to those patients who bring no letters.
600	518	90	41 About 13 %	432·4	£79. 4s., excluding annual payments under Founder's will, interest on borrowed money, and expenditure on new buildings, together with 1s. as the cost of each Out-patient, and dividing remaining expenditure by the average number daily resident in the Hospital during the year.	197	229	61 22 Gynæcological. 39 Ophthalmic.	31	24 in cubicles, 20–30 in general wards.	21 Wards. Beds vary from 12 to 57 in respective wards. 1 Sister and from 1 to 2 Nurses, 1 to 2 Probationers, and 1 to 2 Lady Pupils by day; 1 Night Nurse and 1 or 2 Probationers by night.	6,189	£5. 19s. Take number discharged and dead during the year, and divide legitimate Hospital expenditure by the total number.	Yes.	380 186 at £3. 3s., 204 at £1. 1s. weekly.	£1. 1s. per week in the general wards. £3. 3s. in cubicles. 14s. per week for paupers.	£2,470. 16s. 9d. received in 1889-90. £3,116. 16s. 9d. 1890-91.	Patients are expected to provide themselves with all articles of clothing, but not with food of any kind.	35,008	105,024	19,469	38,938	1s. each. [It is impossible to make an exact calculation of the cost of the Out-patient; but, for the purposes of uniformity, it has been decided to fix a basis of cost of 1s. for each Out-patient.]	1s. each.	Yes.	No.	3d. for each week's drugs from Out-patients.	£750. 14s. 5d. were received in 1889-90. £730. 16s. 4d. 1890-91.	If Out-patients cannot pay the 3d. required, they are furnished with medicine gratuitously on their first visit, and afterwards they are referred to the Charity Organisation Society for inquiry and report.	The Governors have no letters. A note from a Governor to the Superintendent would place the applicant in the position of being admitted if found a suitable case.
205	205	*Nil.*	*No information given.*	178 in 1889. 184 in 1890.	£66. 5s. 6d. in 1889. £62. 18s. 4d. in 1890. Deduct cost of Out-patients from total expenditure, and divide the remainder by the number of daily occupied beds.	75	90	30 10 Gynæcological. 13 Incurables. 7 Children.	10	*Nil.*	19 Wards, 10 or 11 beds in each. 1 Sister, 2 Nurses, and 2 Probationers to a charge of 23 beds by day; 1 Nurse and 1 Probationer to same charge by night.	2,572 in 1889. 2,730 in 1890.	£4. 9s. 7d. in 1889. £4. 4s. 10d. in 1890. Divide the amount spent upon the In-patients (£11,577) by the total number of In-patients admitted (2,730).	No.	None.	*Nil.*	*Nil.*	Patients are expected to provide their own body linen, and to get it washed; but, if unable, it is provided and washed by the Hospital. They are not expected to provide themselves with any articles of food.	Out-patients, 13,393 in 1889. 15,422 in 1890.	Not recorded.	So-called Surgery Patients, 11,632 in 1889. 11,614 in 1890.	Not recorded.	Total cost of Out-patients and Surgery Patients was £1,305 in 1889. £1,287 in 1890. By dividing the estimated cost of Out and Surgery Patients (£1,287) by their total number (27,036).	11¼d.	No.	No.	*Nil.*	*Nil.*	The Medical Officers inquire what is the calling and family circumstances of the Out-patients, and any patient who is palpably unfit to receive gratuitous treatment is refused, with liberty to appeal to the Secretary.	Patients who bring a Governor's letter have a preference, except in cases of greater urgency; but practically it is of no great advantage to bring a Governor's letter.
456	356	*Nil.*	None. Wards are closed once in 3 years for cleaning, &c.	316 in 1889. 335 in 1890.	£76. 5s. in 1890. By deducting from the ordinary expenditure for the year a certain sum for the Out-patients, and dividing by the total number of beds occupied.	134	183	39 12 Obstetric. 4 Cancer. 18 Ophthalmic. 3 Diphtheria.	3	*Nil.*	29 Wards, from 9 to 16 beds in each. 3 Diphtheria Wards; 2 of 2 beds, 1 of 1 bed. 1 Nurse and 1 Probationer by day, and 1 Nurse by night.	Number of *new* In-patients admitted in 1889, 4,263; in 1890, 4,466. Number of In-patients treated (which includes those remaining on the 1st of January of each year) in 1889, 4,582; in 1890, 4,801.	£5. 5s. 6d. By deducting from the ordinary expenditure for the year a certain sum for the Out-patients, and dividing by the number of patients treated.	No.	None.	*Nil.*	*Nil.*	If able, they should bring a change of linen, and provide their own washing, which is usually done by their friends.	9,056 in 1889. 9,289 in 1890.	39,127	17,403 in 1889. 19,859 in 1890.	38,088	About 1s. 6d. [By taking a certain proportion of the cost of surgical dressings, drugs, dispensers' salaries, servants' and nurses' wages, &c., and dividing by the total number of Out-patients.]		No.	No.	*Nil.*	*Nil.*	Only 15 new Medical and 15 new Surgical Patients taken daily. The circumstances of each patient are inquired into on application. Cases manifestly insuitable are rejected by the Secretary. Doubtful cases are referred to the Charity Organisation Society for report.	Governors' letters are received for In-patients. In two cases of equal urgency, preference would be given to the one having such a letter. There are no letters required for Out-patients.
776	776	*Nil.*	The minimum margin for officers about to take in cases should be for Physicians 10, for Surgeons 15; but this can rarely be reserved. Cleaning is specially arranged for as convenient with withdrawing beds.	622 in 1889.	£72. 16s. 0¼d. in 1889. By deducting from total expenditure all items of extraordinary or capital expenditure. From the balance deduct the ascertained cost of Out-patients. Divide the residue by the daily number of fully-occupied beds.	302	393	70 28 Gynæcological. 13 Ophthalmic. 9 Syphilis. 22 in Hebrew wards.	11	*Nil.*	19 sets of Wards; 76 separate Wards. Varying number of beds from 1 to 16. Nursing arrangements made according to necessity by day and by night.	8,503 in 1889.	£5. 5s. 8½d. in 1889. Divide the cost per fully occupied bed by the number of patients who occupied each such beds.	No.	None.	*Nil.*	*Nil.*	They provide tea, sugar, and butter for themselves; also washing, unless poor or destitute, when the Hospital supplies the washing, and the Samaritan Society the tea, sugar, and butter.	Including casualties, 109,839 in 1889.	133,738 in 1889. General Out-patients - 119,412 Special Out-patients - 14,326 Total - 133,738	109,264 in 1889. Minor Accidents - 9,355 Minor Casualties— Medical - 68,342 Dental Cases - 6,376 Diarrhœa Cases* - 23,191 107,264 * The Diarrhœa cases are not registered, but only numbered daily. They evidently, however, enter properly into an account of attendances.	107,264 in 1889. Attendances same as patients, these minor cases being practically our attendance cases.	Including casualties, 3s. 11½d. [This calculation is explained in full detail in Mr. Nixon's evidence before the Select Committee, in reply to Question 8211.]	About 1s. 4d.	No.	No.	*Nil.*	*Nil.*	An Inquiry Officer investigates the social circumstances of those Out-patients who bring Governors' letters. In 1889 there were 22,848. Of this number, 18,001 were questioned, 123 were inquired into at their own homes, 100 went voluntarily away or said they would not come again, 83 gave wrong addresses, 320 were found to be necessitous, and 38 found not to need gratuitous treatment.	Governors' letters are required for In-and Out-patients; but in 1889, out of the total number of Out-patients, only 22,848 were recommended by Governors. No preference is shown to those bringing these letters. Urgency is the true passport.

B.—General Hospitals with Schools in the Metropolis.—Notes on Wards, Beds, and Patients.—Endowed and Voluntary Hospitals—*continued.*

NAME OF HOSPITAL.	BEDS.									WARDS.	IN-PATIENTS.						OUT-PATIENTS AND CASUALS.								Arrangements made to prevent abuse of the Out-patient and Casualty Departments.	If Governors' Letters are required.
	Total No. of Beds.	Total No. in use.	No. unoccupied for want of funds.	Average No. left unoccupied for necessary Hospital work, repairs, cleaning, &c.	Average Daily No. of Occupied Beds.	Cost of Occupied Bed, and method of calculating it.	No. of Medical.	No. of Surgical.	No. for Specialities.	No. of Isolation.	No. of Paying.	No. of Wards, and No. of Beds in each. No. of Nurses to each by day and by night.	No. of In-patients in 1890.	Cost of each, and method of calculation.	If payment is received from.	What No. of Paying.	What are the amounts charged.	What sum was received from this source in 1890.	Are they expected to provide themselves with any articles of clothing or food, or to pay for washing.	Total No. of Out-patients in 1890.	Total No. of Out-patients' Attendances in 1890.	Total No. of Casualties in 1890.	Total No. of Casualty Attendances in 1890.	Cost of Out-patient and method of calculation.	Cost of Casualty Patient and method of calculation.	If payment is received from Out-patients.	If payment is received from Casuals.	What is the sum charged.	Amount received from Out-patients and Casuals in 1890.		
MIDDLESEX	307 (34 are for Cancer.)	307	*Nil.*	114 during 9 weeks.	250 Average throughout year, 250; average over 9 weeks during which the annual cleaning was in progress, 193; average over remainder of year, 261.	£87. 12*s.* 1½*d.* in 1890. By deducting estimated cost of In-patients and extraordinary expenditure from total expenditure, and dividing the remainder by the number of beds in daily occupation.	118	138	60 34 Cancer. 8 Gynæcological. (Included in the Medical beds.) 8 Ophthalmic. 12 Syphilis. (Included in the Surgical beds.)	17	*Nil.*	25 Wards; from 2 to 26 beds in each. 1 Sister to two wards, 1 Lady Probationer, 2 Probationers, and 2 or 3 Staff Nurses by day; 1 Staff Nurse to each ward by night.	3,109	£7. 0*s.* 11½*d.* By deducting estimated cost of Out-patients and extraordinary expenditure from the total expenditure, and dividing the remainder by the total number of In-patients.	No.	None.	*Nil.*	*Nil.*	Patients provide their own tea, sugar, and butter, and for the washing of their linen; but if they are too poor, they are supplied through the Samaritan Fund.	New patients, 38,800.	94,346	Medical, 14,716. Surgical, 8,417. Total, 23,133.	Not recorded.	1*s.* 4*d.* Divide total estimated cost of Out-patients by total number of new Out-patients.	Not recorded.	No.	No.	*Nil.*	*Nil.*	Inquiries are made by the admitting officers or Secretary. Superintendent in all doubtful cases.	In-patients are required to bring Governors' letters, but urgent cases are admitted without. No letters are required for Out-patients. If two equally urgent cases presented themselves for In-patient treatment, the bearer of a letter would have the preference.
CHARING CROSS	178	178	*Nil.*	16	168 in 1890.	£76. 3*s.* 9*d.* By deducting the estimated cost of Out-patients and Casuals (£1,623) from the total ordinary expenditure, and dividing the remainder by the number of beds in daily occupation.	73	79	18 10 Gynæcological. 5 Levy; Jewesses. 3 Accidents.	3	*Nil.*	13 Wards. 5 wards with 22 beds. 1 ,, 20 ,, 1 ,, 12 ,, 1 ,, 10 ,, 1 ,, 8 ,, 1 ,, 5 ,, 2 ,, 3 ,, 1 ,, 2 ,, 1 Sister, 1 Nurse, and 2 Probationers in the large wards, in the two children's, which are nursed together, and the Obstetric and Levy wards by day; 1 Nurse in each ward, 2 in Children's ward by night.	2,165	£5. 16*s.* in 1890. By deducting estimated cost of Out-patients from the total ordinary expenditure, and dividing the remainder by total number of In-patients.	No.	None.	*Nil.*	*Nil.*	Patients are expected to provide their own clothing and washing; also tea and sugar.	11,760	Not recorded.	10,070	Not recorded.	Cost of Out-patients and Casuals, 1*s.* 6*d.* nearly. [This is only estimated, £1,623 being taken as the cost of the Out-patients and Casuals.]		No.	No.	*Nil.*	*Nil.*	Personal inquiries are made by the Secretary, to whom cases of probable abuse are reported. If answers are unsatisfactory, further inquiries are made, and if the case is one not suitable for Hospital treatment, the patient is sent away. Nearly all such cases prove to be of that sort who come to the Hospital, as the classes go to a Consulting Physician.	There are Governors' letters, but they are not essential for admission to treatment either as In- or Out-patients. No preference is shown to the bearer of a letter.
UNIVERSITY COLLEGE	207	207	*Nil.*	10 %	179 in 1889. 181 in 1890.	£87. 17*s.* 4½*d.* in 1889. £87. 14*s.* 6*d.* in 1890. Take the gross expenditure of the year, and deduct the following items, viz.: buildings, new furniture, cost of leasehold houses, Resident Officers' board (as they pay for it), law charges, festival dinner, bazaar, &c., ⅓ of printers' bill, ¼ petty expenses, and 2*s.* 6*d.* per head for Out-patients and Casualties; ⅓ of the salaries and wages of Resident Medical Officer, the Secretary, Surgical Registrar, Clerk and Steward, Office Clerk, Scrubbers, and 3 Porters, viz.: Senior Out-patient Porter, Night Porter, and Office Messenger, and Assistant-Steward.	68	84	47 18 Gynæcological. 11 Ophthalmic. 14 Children. 8 Skin. 2 Casualty.	8	*Nil.*	22 Wards. 3 wards with 17 beds. 2 ,, 15 ,, 2 ,, 16 ,, 2 ,, 14 ,, 2 ,, 10 ,, 1 ,, 9 ,, 2 ,, 8 ,, 1 ,, 7 ,, 1 ,, 6 ,, 2 ,, 4 ,, 1 ,, 5 ,, 3 ,, 1 ,, *No information given as to the number of Nurses to a ward by day or night.*	3,007 in 1889. 2,953 in 1890.	£4. 1*s.* (*See* answer to "Cost of bed.")	No.	None.	*Nil.*	*Nil.*	Patients are expected to provide for themselves tea, sugar, butter, teapot, cup and saucer, spoon, knife and fork, soap and towel; also a change of body linen, and to provide for the washing of the same.	14,812 in 1889. 12,556 in 1890.	Of Casuals and Out-patients, 144,435 in 1889. 146,062 in 1890. Attendances of Out-patients in 1890 were 42,896.	26,461 in 1889. 29,478 in 1890.	103,166	2*s.* 6*d.* Estimated.	2*s.* 6*d.*	No.	No.	*Nil.*	*Nil.*	The Medical Staff very occasionally send cases to the Secretary if they think them unsuitable from their appearance. Patients are occasionally rejected after being questioned by the Secretary.	Letters are required for both In- and Out-patients. The letter is practically only a "pass" to the doctor, as the cases are admitted according to their urgency. Accidents and emergencies are admitted at any time without letters.
KING'S COLLEGE	220	220	*Nil.*	*No information given.*	182	£86. 15*s.* 6*d.* Deducting 1*s.* 4*d.* a head for each Out-patient from the total expenditure.	97	90	30 18 Gynæcological. 12 Ophthalmic.	3	*Nil.*	17 Wards. 15 beds in most of the wards, but 30 in some. 1 Sister, 1 Staff Nurse, and 4 Probationers to a ward of 30 beds, half the number to a ward of 15 beds, by day; 1 Staff Nurse and 1 Probationer by night. The whole staff, day and night, work together in the morning, which is the heaviest part of the Nurses' duty during the 24 hours.	2,518	*No information.*	Yes.	*Not given*	A few paying In-patients are received at one guinea a week.	£48. 18*s.*	Patients are expected to provide their own tea, butter, and sugar, and the necessary linen, &c.	9,650	29,856	10,337	Not recorded.	1*s.* 4*d.*	1*s.* 4*d.* [It was found on careful inquiry a few years ago that about ⅓ths of the expenses of the drugs, &c., represented cost of the Out-patient Department.]	No.	No.	*Nil.*	*Nil.*	Registrar attends regularly, daily.	There are Governors' letters for both In- and Out-patients, but they are not essential. Out-patients with letters are on the first occasion seen before others. No preference is given with regard to In-patient letters. If it is necessary to choose between two cases, the more urgent case is taken in.
ST. MARY'S	281	281	*Nil.*	60 during August and September for the annual cleaning, none at other times.	251 in 1889. 255 in 1890.	£79. 10*s.* 2*d.* in 1889. £83. 16*s.* 8*d.* in 1890. Throw out cost of Out-patients from total expenditure, and divide by average number of beds occupied daily.	111	132	28 4 Skin. 4 Aural. 12 Obstetric. 8 Ophthalmic.	10	*Nil.*	23 Wards. 1 ward with 22 beds. 1 ,, 19 ,, 3 ,, 18 ,, 1 ,, 17 ,, 1 ,, 16 ,, 1 ,, 14 ,, 4 ,, 12 ,, 4 ,, 10 ,, 4 ,, 9 ,, 2 ,, 6 ,, 1 ,, 3 ,, 1 Sister, 1 Nurse, and 2 Probationers to 2 wards with 32 beds by day; 1 Nurse to 2 wards with 32 beds by night.	3,451 in 1889. 3,878 in 1890.	£5. 16*s.* 3*d.* in 1889. £5. 7*s.* 8*d.* in 1890. Throw out cost of Out-patients from total expenditure, and divide by number of In-patients.	No.	None.	*Nil.*	*Nil.*	Patients do not provide any food, but have to bring all clothing, a brush and comb, knife, fork, and spoon, towel and soap.	18,182 in 1889. 19,578 in 1890.	93,445	8,371 in 1889. 10,840 in 1890.	Not recorded.	*Estimated* at 1*s.* each.		No.	No.	*Nil.*	*Nil.*	Certain questions are asked as to the social circumstances of the patient, and, if there appears to be reason, the applicant is seen by the Secretary, who makes further inquiry if he thinks it necessary to do so. (*Vide* questions 14,466—14,472.)	There are Governors' letters for both In- and Out-patients, but they are not essential. If only one bed, and two candidates in the same condition, the case with the letter would have the preference.

C.—General Hospitals with Schools in the Metropolis.—Notes on Nursing.—General Hospitals.

No. of Beds.	Average No. of Occupied Beds.	NO. OF NURSING STAFF AND THEIR SALARIES.	HOURS ON DUTY.	HOURS OFF DUTY AND ANNUAL HOLIDAY.	MEAL HOURS.	By whom the Nursing Staff are Appointed and Dismissed.	Length of Service of Nurses and Probationers, and No. under each year. When Certificates are granted.	The Matron and her Assistants, their Duties, and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	Total No. of Nursing Staff and proportion of Nurses to Patients.	Sleeping Accommodation.	Pensions.	PRIVATE NURSING INSTITUTION. No. of Nurses.	Wages.	Charge to Public.	Length of Training Required.
667	560	Resident in the Hospital: 1 Matron - - - £240 a year, board, lodging, and washing. 1 „ (Assistant) £55 „ „ „ 1 Superintendent Nurses' Home - - £90 „ „ „ 1 ditto (Assistant) £35 „ „ „ 3 ditto (Night) each £55 a year, board, lodging, no washing. 28 Sisters - - - 25s., 27s. 6d., or 30s. a week, dinner, lodging, washing, and uniform. 44 Nurses (fully trained) £26 to £30 a year, uniform, washing, board, and lodging. 118 Probationers - - £8 first year, £15 second year, £20 third year, uniform, washing, board, lodging. King Sq. Home: 24 Probationers (Special) pay £1 1s. a week. 1 Superintendent - £65 a year, board, lodging, washing, and uniform. Trained Nurses' Institution: 1 Superintendent - £80 a year, board, lodging, washing, and uniform.	Sisters from 8 a.m. to 10 p.m. Nurses and Probationers from 7 a.m. to 8 p.m. Special Probationers from 8.30 a.m. to 8 p.m. Nurses (Night) from 8 p.m. to 8 a.m.	SISTERS. From 6 p.m. to 9 p.m. every other day. From 2 p.m. to 10 p.m. once a fortnight. From 4 p.m. Saturday to 12 noon Monday once a month. From 2 p.m. to 9 p.m. on alternate Sundays. Annual Holiday :—4 weeks. NURSES. have a *rota* of 4 weeks: 1st week { 6 p.m. to 11.30 p.m. (Nurses) / 1.30 p.m. to 8.30 p.m. (Probationers) } twice in the week. 2nd week { 3 p.m. to 6 p.m. once in the week / 1.30 p.m. to 8.30 p.m. (Nurses) / 2 p.m. to 10 p.m. once in the week } once in the week. 3rd week The same as the 1st week 4th week { One whole day till 10 p.m. / 1.30 p.m. to 8.30 p.m. (Nurses) / 6 p.m. to 11.30 p.m. (Probationers) } once in the week. And, in addition, 11 a.m. to 12.45 p.m. occasionally, Sundays for church. Annual Holiday :—3 weeks.	SISTERS. Dinner 5 p.m. No stated hours for other meals. NURSES AND PROBATIONERS (DAY). Breakfast 6.40 a.m. Luncheon 9.30 or 10 a.m. Dinner 12 and 1 (30 minutes). Tea about 4 p.m. Supper 8.30 p.m. NURSES AND PROBATIONERS (NIGHT). Breakfast 7.40 p.m. Ward meal at night. Dinner 8.30 a.m.	Sisters are appointed by the Treasurer, subject to approval by Almoners. Nurses and Probationers by Matron, subject to approval by Treasurer and Almoners. Sister, prior to appointment, takes the office on a 3 months' probation, and must receive a statement that her work has been well performed from the Medical Officer in charge of the Ward to which she is appointed, the Matron, and the Steward. Probationers are appointed by the Matron, subject to approval by the Treasurer and Almoners; they have 3 years' training and attend lectures, and are examined after the first year, and if successful continue their training, and after the third year they are again examined, and if they pass, a Certificate is granted them, and they are eligible for Nursing posts in the Hospital or outside. Dismissals.—By Treasurer and Almoners.	FULLY TRAINED NURSES. 1 with 20 years. 1 „ 17 „ 1 „ 15 „ 2 „ 5 „ 7 „ 4 „ 27 „ 3 „ 5 „ 1 year. Probationers in 1st year 57 „ 2nd „ 39 „ 3rd „ 22 Certificates are granted after 3 years' service, and passing examinations at end of 1st and 3rd years.	The Matron has the general superintendence of the Nursing and the Nurses, and visits every Ward at least 4 times a week. The Assistant Matron has charge of linen, bedding, &c., for the Hospital, supervises articles from laundry, gives general assistance to the Matron, and performs the Matron's duties in her absence. The Superintendent of the Nurses' Home arranges all meals for the Nursing Staff, and attends to their domestic comfort; controls servants of Nursing Home, and has general superintendence under the Matron's directions, of the arrangements of the "Home." The Assistant-Superintendent of the "Home" looks after the linen and stores in the "Home," and assists the Superintendent generally. They all have 4 weeks' annual holiday.	The Night Superintendents visits the Wards at night, at least 3 visits to every Ward, seeing that the Night Nurses are performing their duties, and giving them any advice or assistance requisite. There are usually 60 Nurses on night duty; none of them are permanently on this duty, but change to day duty usually after 3 months. The Superintendents have an annual holiday of 4 weeks; the Night Nurses one of 3 weeks.	Do not receive Certificates as duly qualified and competent to act as Nurses without supervision until they have had 3 years' training. They are put on night duty sometimes after 3 months' and sometimes after 6 months' training, but always, if after so short a service, under a Nurse of longer experience. They can be promoted after training to become Sisters of Wards.	Are taken for 3 months' training. There are 24 now in the Hospital; only 27 are allowed to be engaged. They are not placed on night duty. They cannot become "Sisters" unless, after being Specials, they become Ordinary Probationers, and complete their 3 years' training as such.	3 Night Superintendents. 28 Sisters. 162 Nurses and Ordinary Probationers. 24 Special Probationers. The Proportion of Nurses to Patients: (*a*) By day, 1 to about 4½; (*b*) By night, 1 to about 10.	Every sister sleeps in a room attached to her Ward. The Nurses and Ordinary Probationers sleep in buildings apart from the Wards, some in single rooms, and some in double rooms. The Special Probationers sleep in some houses in King Square, about three quarters of a mile from the Hospital.	It is the practice of the Governors to give pensions to Sisters and Nurses who, after long service, are incapable of further performance of duty. There is no scale, but every case, as it arises, is considered on its own circumstances. PRESENT PENSIONS. 1 late Matron £125 a year. 2 Sisters each £52 „ 1 „ £26 „ 3 Nurses each 12*s.* 6*d.* wk. 1 „ 8*s.* „ 1 „ 7*s.* 6*d.* „ 1 „ 6*s.* „	22	£30 a year, and proportion varying from 10 per cent. to 25 per cent. of the sums received from Patients nursed by her. Board, lodging, and washing.	£2. 2*s.* a week ordinary Medical and Surgical cases. £2. 12*s.* 6*d.* a week Massage. £3. 3*s.* a week Ovariotomy.	3 years.
572 only 432 available. 42 in Paying Home.	359	1 Matron - - - £200 a year. 1 „ (Assistant) £60 „ 2 Night Superintendents £60 „ each. 18 Sisters - - - from £35 to £60, and £5 for washing. 13 Nurses (Day) - 13 „ (Night) - 16 „ (Extra) - - £27. 2 „ (O.P.) - 14 „ (Fever Block) - 35 Probationers - - £12 a year and £4 in clothing. 8 „ (Assistant).	Sisters 8 a.m. to 10 p.m. Nurses (Day) 7 a.m. to 9 p.m. Nurses (Night) 10 p.m. to 9 a.m. Probationers 7 a.m. to 8 p.m.	SISTERS. 1 afternoon a week, and sometimes 2. 2 hours every day. 9 hours on one Sunday and 4 hours on the other. 1 day once a month. Annual Holiday :—1 month. NURSES. Same as Sisters, but Annual Holiday 3 weeks. PROBATIONERS. Same as Nurses.	SISTERS AND NURSES. Breakfast 7.30 a.m. Luncheon 9.30 a.m. Dinner 12 to 12.30 p.m. Tea 4.30 p.m. Supper 8.30 p.m. PROBATIONERS. Breakfast 6.30 a.m. Luncheon 9 a.m. Dinner 1 to 1.30 p.m. Tea 4.30 p.m. Supper 8 p.m. NIGHT NURSES. Breakfast 9.30 p.m. Ward Meals. Dinner 9.30 a.m.	Sisters are appointed by the Treasurer. Nurses are recommended by the Matron and appointed by the Treasurer. The Matron can suspend a Nurse and report to the Treasurer, who can dismiss. Nightingale Probationers are taken on a month's trial by the Matron, and if satisfactory are appointed by the Committee of the Nightingale Fund. Probationers are registered after 1 year's satisfactory service in the Training Home, after which they are bound to continue in the service of the Committee for 3 years.	Very various. Some have been 15 or more years. *No information as to when Certificates are granted.*	The Matron has the entire charge of the Nursing and Nurses; she visits every Ward in the Hospital 4 times a week. The Assistant Matron, as her title implies, assists the Matron in her duties. They both have an annual holiday of 1 month.	The Night Superintendents have charge of the nursing at night. There are 13 Night Nurses who are not changed to day duty at any fixed periods. The Night Superintendents have each an annual holiday of 4 weeks, and the Night Nurses one of 3 weeks.	Are promoted to be Nurses after one year's training. They are not placed on night duty until they have had one year's service. They do not as a rule become Sisters of Wards.	Are taken for one year, and pay £30. There are 12 now in training. They are not put on night duty. They are eligible to become Sisters of Wards, but at no fixed time.	2 Night Superintendents. 16 Sisters. 13 Nurses (Day). 13 „ (Night). 16 „ (Extra). 2 „ (O.P.). 14 „ (Fever Block). 40 Probationers. *No information given as to the average number of Nurses to Patients.*	Sisters have bed and sitting-rooms in one adjoining their Wards. The Nurses have each a separate bedroom.	No regular scale; each case is considered on its merits. PRESENT PENSIONS. 1 former Matron £300. 2 „ Sisters £50 each. 1 „ Sister £35. 2 „ Nurses £20 each.	—	Nightingale Fund. *No information given on this point.*		
600 90 of which are closed for want of funds. 24 reserved for paying patients.	24	1 Matron - - - £200 a year 1 „ (Assistant) - £80 „ 1 Night Superintendent or Sister - - £50 „ 17 Sisters (£30 to £50) - £568 „ 112 Nurses, Probationers, and Lady Pupils - - £1,190 „ Probationers - - £12 first year, board, lodging, uniform, and washing. „ - - £18 second and third year, board, lodging, uniform, and washing. Nurses - - - - £20 to £25 a year, board, lodging, uniform, and washing. Lady Pupils pay £1. 1*s.* a week for board and lodging. *No information given as to allowances.*	Sisters 8 a.m. to 10 p.m. Nurses (Day) 8 a.m. to 10 p.m. Nurses (Night) 10 p.m. to 8.45 a.m. Probationers 8 a.m. to 9 p.m. and 8 to 10 p.m. Lady Pupils 8 a.m. to 8.30 p.m.	SISTERS. 7 p.m. to 8 a.m. twice a week. 2 p.m. to 8 a.m. once a week. Saturday afternoon till 8 a.m. on Monday once a month. Annual Holiday :—4 weeks. NURSES. 2½ hours on alternate days. Half-a-day once a month. Annual Holiday :—2 weeks. NIGHT NURSES. 10 a.m. to 12 noon daily. A whole day once a month. Annual Holiday :—2 weeks. PROBATIONERS. 2 p.m. till 9 p.m. every day. Annual Holiday :—2 weeks. LADY PUPILS. 2.30 p.m. to 1 p.m. on alternate days. 7 p.m. to 8.30 p.m. on alternate days.	SISTERS. Breakfast 7.30 a.m. Lunch 11 to 12 a.m. Dinner 5.30 p.m. Tea / Supper: In own room when convenient to themselves. DAY NURSES AND PROBATIONERS. Breakfast 7.30 a.m. Dinner: 11.30 till 12, 12 — 12.30, 4.30 till 5, 5 — 5.30. Tea: 4.30 till 5, 5 — 5.30. Supper: 8.30 till 9, 9 — 9.30. NIGHT NURSES. Breakfast 9.10 p.m. Ward Meals 12 and 5 a.m. Dinner 9.20 a.m.	The Matron is elected by the General Court. Sisters are appointed by the Treasurer and Taking-in Committee on the recommendation of the Matron. They are dismissed by the Treasurer or Taking-in Committee on the recommendation of the Superintendent or the Matron. Nurses or Probationers are appointed by the Matron, and can be dismissed by her with the concurrence of the Superintendent. After 18 months' services the Treasurer or the Taking-in Committee, on the recommendation of the Superintendent and the Matron.	NURSES. 19 with 2 years. 17 „ 3 „ 5 „ 6 „ 1 „ 12 „ 2 „ 25 „ PROBATIONERS. 30 under 1 year. 10 „ 2 „ 10 „ 3 „ Nurses are granted Certificates after 3 years' satisfactory service.	The Matron supervises the Nursing and has charge of all the female servants. She visits every Ward each day. The Assistant Matron helps the Matron in the office work. Annual Holidays:— Matron 6 weeks. Assistant Matron 4 weeks.	The Night Superintendent inspects the Wards, and assists in operations and otherwise at night. There are 19 Nurses on night duty, and they change to day duty every 3 months. There is 1 Nurse on permanent night duty in the Surgery. The Night Superintendent has an annual holiday of 1 month; the Night Nurses one of 2 weeks.	Are promoted to be Nurses after 12 months, training as a minimum, but generally after 18 months'. They are put on night duty after 4 or 6 months' service. They are not eligible to become Sisters of Wards.	Are taken for 12 months' training. There are 18 now in the Hospital, and 20 are allowed to be engaged. They are placed on night duty. They are promoted to become Sisters of Wards if found satisfactory.	1 Night Superintendent. 17 Sisters. 112 Nurses and Probationers. The proportion of Nurses to Patients is:— (*a*) By day, 1 to 5·5; (*b*) By night, 1 to 14.	The Sisters have bedrooms attached to their Wards. The Nurses and Probationers sleep in cubicles on the upper floors of the Hospital.	The Governors pay half the premium for a policy giving £18 at the age of 55 years for any Nurse who joins the Royal National Pension Fund.	50	£26 to £35 a year, board, lodging, and washing. No bonuses.	£1. 11*s.* 6*d.* to £2. 2*s.* a week.	1½ years minimum, usually 3 years.
205	184	1 Matron 1 Night Superintendent 9 Sisters 22 Nurses 23 Probationers The Hospital pays £1,826 a year to the Home for the services of an efficient staff of Nurses; extra Nurses are paid for by the Hospital at 2*s.* 6*d.* each, by day or by night. The Home pays the Hospital at the rate of £25 a year for each person who is boarded by the Hospital at the request of the Matron. The Nursing Joint Committee consists of 3 Members of the Home Committee and 3 Members of the Hospital. At their first meeting in every year they appoint some person, being a Governor of the Hospital, to be the Chairman of the Committee. They would hear and determine any question referred to them with respect to matters coming under the control of the Lady Superintendent. No reference has ever been made to this Committee since its formation in 1880.	The Nursing of the Hospital is conducted by the Westminster Training School and Home for Nurses under an agreement. The Lady Superintendent of the Home is the Matron of the Hospital; she is selected by the Committee of the Home, and appointed by the House Committee of the Hospital as Matron.	Sisters from 8 a.m. to 9 p.m. Nurses from 7 a.m. to 9 p.m. Nurses (Night) from 9 p.m. to 9 a.m. Probationers From 7 a.m. to 1 p.m. every day From 2 p.m. to 8 p.m. three days a week. From 4 p.m. to 8 p.m. four days a week.	SISTERS. 2 hours daily for meals and dressing. From 6 p.m. to 9 p.m. 3 times a week. 4 hours on Sundays. 1 day every month. Annual Holiday :—1 month at least. NURSES. 2 hours daily for meals and dressing. 2 hours 7 times a week. 4 hours on Sundays. 1 day every month. Annual Holiday :—3 weeks at least. NIGHT NURSES. From 8 a.m. to 1 p.m. Annual Holiday :—3 weeks at least. PROBATIONERS. Annual Holiday :—3 weeks.	SISTERS. Breakfast 7.45 a.m. Dinner 11 a.m. Tea 4 p.m. Supper 8 p.m. NURSES. Breakfast 6.45 a.m. Dinner 11.30 a.m. Tea 4.30 p.m. Supper 8 p.m. NIGHT NURSES. Breakfast 7.20 p.m. Ward Meals. Dinner 11 to 12. PROBATIONERS. Breakfast 6.30 a.m. Dinner 1 p.m. Tea 3.30 and 5 p.m. Supper 8.45 p.m.	Probationers are appointed and dismissed by the Lady Superintendent; the Sisters and Nurses are appointed by the Lady Superintendent and dismissed by her, subject to confirmation by the Committee of the Nursing Home.	NURSES. 2 with 5 years. 6 „ 4 „ 2 „ 3 „ 5 „ 2 „ 7 „ 1 year. PROBATIONERS. 23 under 1 year. Certificates are granted after 3 years.	The Matron supervises the Nursing; she visits every Ward daily. There is no Assistant Matron, but the Matron is helped by the Matron of the Home. The Matron has from 4 to 6 weeks' annual holiday.	The Night Superintendent supervises the Night Nurses. There are 8 Night Nurses, and they continue as such as long as they are well, or until they wish for a change of duty. The Night Superintendent has an annual holiday of 6 weeks, and the Night Nurses one of 3 weeks.	They are not promoted to be nurses under 1 year's service, but the time varies. They are put on night duty after various terms of training. They are eligible to become Sisters of Wards.	There are none.	1 Night Superintendent. 9 Sisters. 45 Nurses and Probationers. The average number of Nurses to a charge of 33 beds: (*a*) By day, 1 Sister, 2 Nurses, and 3 Probationers; (*b*) By night, 1 Nurse and 1 Probationer.	They all have separate rooms or cubicles.	There is no regular scale of pensions. Each case would be considered on its merits. One former Matron is the only person receiving a pension, and she is paid £50 a year.	THE WESTMINSTER TRAINING SCHOOL AND HOME FOR NURSES.			
															67	£20 to £35. No percentage of their earnings. £2 worth of uniform.	£1. 11*s.* 6*d.* to £2 2*s.*	Various. It depends to some extent upon individual qualification.

C.—General Hospitals with Schools in the Metropolis.—Notes on Nursing.—General Hospitals—*continued.*

	No. of Beds.	Average No. of Occupied Beds.	NO. OF NURSING STAFF AND THEIR SALARIES.	HOURS ON DUTY.	HOURS OFF DUTY AND ANNUAL HOLIDAY.	MEAL HOURS.	By whom the Nursing Staff are Appointed and Dismissed.	Length of Service of Nurses and Probationers, and No. under each year. When Certificates are granted.	The Matron and her Assistants, their Duties, and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	Total No. of Nursing Staff and proportion of Nurses to Patients.	Sleeping Accommodation.	Pensions.	PRIVATE NURSING INSTITUTION.			
																No. of Nurses.	Wages.	Charge to Public.	Length of Training Required.
ST. GEORGE'S	356	332·88	1 Supt. of Nurses and Matrons - } Salary on appointment not to exceed £100 a year. It is now £200. 1 Superintd. of Night Nurses - } £45 to £50, board, lodging, uniform, but not washing. 2 Head Nurses - £40 a year, board and lodging, uniform, no washing. 1 „ Nurse - £34 a year, board and lodging, uniform, no washing. 8 „ Nurses - £30 to £36 a year, board and lodging, uniform, and £4 for washing. 6 „ „ - £24 to £28 a year, board and lodging, uniform, and £4 for washing. 1 Casualty Nurse - £24 to £27 a year, board and lodging, uniform, and £4 for washing. 1 Out-Patient Nurse - } £24 to £28 a year, board and lodging, uniform, and £4 for washing. 47 Ward Nurses - £30 to £33 a year, board and lodging, uniform, and £4 for washing. 2 Permanent Night Nurses } £29 a year, board and lodging, uniform, no washing. 2 Permanent Night Nurses } £28 a year, board and lodging, uniform, and £4 for washing. 24 Probationers - £11 a year, board and lodging, uniform, and £4 for washing.	Head Nurses from 7 a.m. to 10 p.m. Nurses and Probationers from 7 a.m. to 9.30 p.m. Nurses (Night) from 9.30 p.m. to 9 a.m.	HEAD NURSES. 5 to 7 p.m. or 7 to 9 p.m. every day. From 3 to 9 p.m. once a month. 1 whole day once a month. Annual Holidays :—3 weeks. DAY WARD NURSES. From 6.45 to 10 p.m. every other day. 1 whole day once a month. Annual Holiday :—2 weeks. PROBATIONERS. 2.15 p.m. to 4.45 p.m. on alternate days. 1 whole day a month. Annual Holiday :—2 weeks.	HEAD NURSES. Breakfast, lunch, tea, and supper in their own rooms, at no fixed hours. Dinner from 4 to 4.30 p.m. DAY WARD NURSES. Breakfast 6.30 a.m. Dinner 12.30 to 1 p.m. Tea 4.45 p.m. Supper 9.30 p.m. NIGHT WARD NURSES. Breakfast 9 p.m. Two meals during the night in the wards. Dinner 10 a.m.	The Superintendent of Nurses and Matron, the Superintendent of Night Nurses, the Head and Ward Nurses and Probationers are appointed and dismissed by the Nursing Committee under the control of the Weekly Board.	*No information as to the length of service of the Nurses and Probationers.* Probationers become Ward Nurses, after 1 year's training in the Hospital, and are granted a Certificate after 3 years.	The Matron supervises the Nursing; she visits every ward daily. The Assistant Matron or Housekeeper superintends the kitchen, the Nurses' dinners, &c. Annual Holidays :— Matron 1 month. Assistant Matron 3 weeks.	The Night Superintendent supervises the Night Nurses. There are four permanent Night Nurses; the other Nurses remain on night duty for 3 months. The Night Superintendent has an annual holiday of 3 weeks, and the Night Nurses one of 2 weeks.	They can be promoted to Nurses after 1 years' service. *No information as to night duty.* They are eligible to become Sisters of Wards.	There are none - - -	1 Night Superintendent. 17 Head Nurses. 75 Nurses and Probationers. The proportion of Nurses to Patients is :— (a) By day, 1 to 4·88; (b) By night, 1 to 16—exclusive of Special Nurses, of which there are always several.	Head Nurses have each a bedroom and a sitting-room. Nurses and Probationers have each a separate cubicle or small bedroom.	There is no scale of pensions. Each case is dealt with on its own merits.	*Nil.*	*Nil.*	*Nil.*	*Nil.*
LONDON	776	622	1 Matron - - - £250 a year and £100 a year as Superintendent of the Private Nurses' Institution. 4 Matron's Assistants 2* at £60 a year, 1† at £30 to £35 a year, 1‡at £55 to £60. 23 Sisters - - - £40 to £60 a year, board, lodging, partial uniform, no washing. 34 Nurses { Day £22 to £25 a year, board, lodging, partial uniform, no washing. Night £24 to £27 a year, board, lodging, partial uniform, no washing. Alternate day and night Nurses receive Night Nurses' pay. 52 Probationers - - Over 1 year's service, £20 a year, board, lodging, partial uniform, no washing. 82 „ - - Under 1 years' service, £12 a year, board, lodging, partial uniform, no washing. 14 „ - - Paying £1. 1s. a week for their board and lodging. 9 „ (Training for other Institutions) Pay 10s. 6d. a week. N.B.—*Vide* also note on the Pension Fund under Private Nursing Institution. * In charge of the Linen Room. † One of these is in charge of the Nurses' Home. ‡ Assistant for the Private Nursing Institution.	Sisters from 8 a.m. to 10 p.m. Nurses and Probationers from 7 a.m. to 9.20 p.m. Nurses (Night) from 9.20 p.m. to 9.20 a.m.	The Matron may be absent from Saturday afternoon until Sunday night. Annual Holiday :—4 or 5 weeks in the summer; a short time at Easter; and 10 days before Christmas when work allows. SISTERS. From 5 p.m. to 7 p.m. daily. 2 half-days and extra evenings, arranged as the work permits, every month. Every 4th Sunday from 9 a.m. to 11 p.m. Annual Holiday :—4 weeks. NURSES AND PROBATIONERS. 2 hours daily, from 6 p.m. 1 day every month. Every 4th Sunday from 9 a.m. to 10 p.m. Annual Holiday :—2 weeks. Probationers get a week at the end of each 6 months, and a calendar month at the end of 2 years. NIGHT NURSES. 1 day every month. Annual Holiday :—2 weeks.	SISTERS. Breakfast 7.30 a.m. Dinner 7 p.m. Other meals provided as convenient in own rooms. DAY NURSES AND PROBATIONERS. Breakfast 6.30 to 7 a.m. Lunch provided at times suitable to the convenience of individual workers. Dinner { 12.45 to 1.15 p.m. 1.15 to 1.45 p.m. Tea provided at times suitable to the convenience of individual workers. Supper 9.30 p.m. NURSES AND PROBATIONERS ON NIGHT DUTY. Breakfast 8.50 p.m. Ward Meal at night and early morning. Dinner 10 a.m.	Sisters and Nurses are appointed and dismissed by the House Committee on the recommendation of the Matron. Probationers are appointed and dismissed by the Matron.	SISTERS. 1 with 28 years. 1 „ 17 „ 1 „ 14 „ 1 „ 12 „ 1 „ 9 „ 1 „ 8 „ 2 „ 6 „ 4 „ 4 „ 4 „ 3 „ 5 „ 2 „ 2 „ 1 year. NURSES. 2 with 20 years. 1 „ 18 „ 2 „ 13 „ 1 „ 12 „ 1 „ 9 „ 1 „ 8 „ 2 „ 7 „ 1 „ 5 „ 1 „ 3 „ 4 „ 2 „ 7 „ 1½ „ 4 „ 1 year. 7 with less than 1 year. PROBATIONERS. All regular Probationers sign an agreement to remain in the service of the Hospital for 3 years. 52 with over 1 year's training. 82 in their first year's training. Certificates granted after 2 years.	The Matron supervises the Nursing, and has entire charge of the female servants, and she also superintends the Nursing Home; she visits every Ward 2 or 3 times a week. There are 4 Assistants. 1 helps the Matron; 1 assists in the Matron's office; 1 is Nursing Home Sister; 1 is Receiving Room Sister. The Assistants have 4 weeks' annual holiday.	There are 2 Night Superintendents, who supervise the night nursing and the meals of the Night Nurses. There are about 50 Nurses on night duty. They change every 3 months to day duty. The Night Superintendents have 4 weeks' annual holiday, and the Night Nurses 2 weeks.	They are promoted to be Nurses according to capacity, some not at all. They are placed on night duty when they are considered capable. They are eligible to become Sisters of Wards.	Are taken for periods of 3 months' renewable. There were 21 in July 1890 in the Hospital. 20 are allowed by the Committee. They are only placed on night duty at their own request, and then only if they are fit for it. They can become Sisters of Wards after 2 years' training if they show capacity.	There are 2 Night Superintendents. 23 Sisters. 191 Nurses and Probationers. The proportion of Nurses to Patients is :— (a) By day about 1 to 4. (b) By night „ 1 „ 10.	Every Sister and Nurse has a separate room. The Sisters' Rooms adjoin their Wards.	The Hospital pays half-premiums for all Nurses who join the Royal National Pension Fund to obtain at least £22. 10s. at 50 years of age. *For all* Nurses members of the Royal National Pension Fund for Nurses the Hospital pays half the premium for a pension of £22. 10s. a year at age of 50.	24 in July 1890.	£28 first year, £30 second year, rising (if a masseuse) £2 a year (if not a masseuse) £1 a year to £40 a year. No commission on earnings. *For all* Nurses members of the Royal National Pension Fund for Nurses the Hospital pays half the premium for a pension of £22. 10s. a year at age of 50.	From £1. 11s. 6d. to £2. 12s. 6d. a week.	One year. No Nurses are permanently appointed on the Private Nursing Staff under 2 years' service.
MIDDLESEX	307 34 of these are for Cancer cases.	AVERAGE DAILY NUMBER OF OCCUPIED BEDS. Average throughout the year - - - 250 Average over 9 weeks during which the annual cleaning was in progress - - 193 Average over remainder of the year - 261	1 Lady Superintendent £130 a year, with board and lodging. 1 Night „ - £50 „ „ „ 9 Sisters - - - £30 „ with board, lodging, and uniform. 50 Staff Nurses - - £18, rising £2 annually to £24, with board, lodging, and uniforms. 12 Probationers - - £12 a year, with board, lodging, and part uniform. 15 Lady Probationers - Pay £1. 1s. a week each. Sisters are given A gratuity of £1 a year after 5 years' satisfactory service. „ £2 „ 10 „ „ „ Nurses are given A gratuity of £1 a year after 7 years' satisfactory service. „ £2 „ 12 „ „ „	Night Superintendent from 9 p.m. to 10 a.m. Sisters from 8.30 a.m. to 11 p.m. Nurses from 7.30 a.m. to 9 p.m. Nurses (Night) from 8.45 p.m. to 9 a.m. Probationers same hours as the Nurses. Lady Probationers eight hours a day.	SISTERS. 2 hours on 5 days weekly. 1 day monthly. Late passes until 11.30 p.m. twice a month. Annual Holiday :—3 weeks. NURSES. 3 hours on 3 days weekly. 1 day alternate months. Late passes until 11.30 p.m. once a month. Annual Holiday :—16 days. PROBATIONERS. 3 hours on 3 days weekly. Late passes until 11.30 p.m. once a month. Annual Holiday :—Same as Nurses, on completion of 1 year's service.	SISTERS. Breakfast 8 a.m. Dinner 11.45 a.m. to 12.15 p.m. Tea 4 p.m. Supper 8.15 p.m. DAY NURSES AND PROBATIONERS. Breakfast 7 to 7.30 a.m. Dinner 11 to 11.45 a.m. Tea 4 p.m. Supper 9 p.m. NIGHT NURSES AND PROBATIONERS. Breakfast 8.15 p.m. Ward Meal. Dinner 9.30 a.m. LADY PROBATIONERS. Breakfast 8 a.m. Dinner 12.45 to 1.30 p.m. Tea 4.30 p.m. Supper 8.15 p.m.	Sisters, Nurses, and Probationers are appointed and dismissed by the Weekly Board, on the recommendation of the Lady Superintendent.	SISTERS. 1 with 21 years. 2 „ 18 „ 1 „ 16 „ 1 „ 14 „ 2 „ 13 „ 1 „ 10 „ 1 „ 2 „ NURSES. 2 with 20 to 28 years. 8 „ 10 „ 18 „ 8 „ 4 „ 9 „ 14 „ 2 „ 3 „ 18 „ 1 „ 2 „ Certificates are granted after 3 years.	The Matron supervises the Nurses, and has charge of the female servants. She visits every Ward daily. She has no Assistant. Her annual holiday is for 4 or 5 weeks.	The Night Superintendent supervises the Night Nurses. There are no permanent Night Nurses. Nurses are on night duty for a month at a time. The Night Superintendent has an annual holiday of a month, and the Night Nurses 16 days.	They are promoted to be Nurses after 1 year's service. They are placed on night duty; no length of training is fixed before they undertake this duty. *No information given whether they can become Sisters of Wards.*	Are taken for 6 months or 1 year. There are 15 in the Hospital. *No information as to the number allowed by the Board.* They are placed on night duty for one fortnight in the year. *No information given whether they can become Sisters of Wards.*	1 Night Superintendent. 9 Sisters. 77 Nurses and Probationers. The proportion of Nurses to Patients is :— (a) By day 1 to 6. (b) By night 1 to 18.	Sisters have separate bed and sitting-rooms, and Nurses have separate cubicles.	Sisters and Nurses after 20 years' service get a pension of two-thirds their wages; after 15 years, of not less than half their wages, if disabled by sickness or accident incurred on duty.	21	£26 a year, and 10 per cent. of the earnings in the first year; 15 per cent. in the second year; and 20 per cent. in the third year.	From £2. 2s. to £3. 3s. a week.	5 years, or after 3 years except Monthly.
CHARING CROSS	175	168	1 Lady Superintendent £100 a year, board, lodging, and uniform. 10 Sisters - { Night £40 „ „ „ Day £30 „ „ „ 16 Nurses - - - £22 to £25 a year, board, lodging, and uniform, and 2s. 6d. a week for washing. 18 Probationers (Ordinary) first year £10, second year £15, third year £20. 6 „ (Lady) - Pay £1. 1s. a week for their board and lodging.	Sisters, 8½ hours a day. Nurses from 7 a.m. to 8.30 p.m. Nurses (Night) from 9 p.m. to 8.30 a.m. Probationers 10 hours a day. Probationers, Lady, same as Probationers.	SISTERS. 9 hours on one Sunday. 5 hours on the next Sunday. Annual Holiday :—1 month. DAY NURSES. 9 hours on one Sunday. 6 hours on the next Sunday. From 6 p.m. to 8 p.m. 3 days in the week. „ 3 p.m. to 5 p.m. 3 days in the week. Annual Holiday :—3 weeks. NIGHT NURSES. 10 a.m. to 12.30 p.m. daily. Annual Holiday :—3 weeks. PROBATIONERS. Annual Holiday :—3 weeks.	SISTERS. Breakfast 7.30 a.m. Luncheon 10 a.m. Dinner 1.15 p.m. Tea 5.30 p.m. Supper 9.10 p.m. DAY NURSES. Breakfast 6.30 a.m. Dinner 12.45 p.m. Tea 5 p.m. Supper 8.35 p.m. NIGHT NURSES. Breakfast 8.35 p.m. Dinner 9.30 a.m. PROBATIONERS. Same as Nurses, except Supper, which is at 8.	The Lady Superintendent is appointed by the Council. The Sisters are appointed by the Council, in consultation with the Lady Superintendent; Nurses and Probationers by the Lady Superintendent, all cases being reported to the Council.	The Hospital was nursed 2 years ago by the St. John's Sisterhood. SISTERS. 6 with 2½ years. 1 „ 2 „ 2 „ 2 months. NURSES. From 2½ years to 2 months. All have finished 3 years' probation. Certificates are granted after 3 years.	The Matron supervises the Nursing, and visits every Ward daily. She has no Assistant. She has a month's annual holiday.	The Night Superintendent supervises the Night Nurses. There are 10 Nurses on night duty; they are not permanent Night Nurses. *No information given as to the length of time the Nurses remain on night duty before reverting to day duty.* The Night Superintendent has an annual holiday of a month, and the Night Nurses 3 weeks.	They are promoted to be Nurses after 15 or 18 months. They are not placed on night duty. They are eligible to become Sisters of Wards.	Are taken for one year. There are 6 in the Hospital, and 8 is the number allowed by the Board. They are not placed on night duty. They can become Sisters of Wards after 3 years' training.	1 Night Superintendent. 9 Sisters. 50 Nurses and Probationers. There is no fixed number of Nurses to patients; it varies according to the patients and their condition, but on an average day and night there is 1 Nurse to 3 patients.	Sisters and Nurses have separate rooms. Probationers sleep two in one room.	There is no system of pension.	6	First year £25. Second year £28. Third year £30.	1½ guinea per week for the first 8 weeks. After, if approved by Lady Superintendent, 2½ guineas per week. 2 guineas for Infectious cases. £2. 12s. 6d. for Massage.	Two years.

C.—General Hospitals with Schools in the Metropolis.— Notes on Nursing.—General Hospitals—*continued.*

No. of Beds.	Average No. of Occupied Beds.	NO. OF NURSING STAFF AND THEIR SALARIES.	HOURS ON DUTY.	HOURS OFF DUTY AND ANNUAL HOLIDAY.	MEAL HOURS.	By whom the Nursing Staff are Appointed and Dismissed.	Length of Service of Nurses and Probationers, and No. under each Year. When Certificates are granted.	The Matron and her Assistants, their Duties, and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	Total No. of Nursing Staff and proportion of Nurses to Patients.	Sleeping Accommodation.	Pensions.	PRIVATE NURSING INSTITUTION.			
															No. of Nurses.	Wages.	Charge to Public.	Length of Training Required.
207	181	1 Head Sister 2 Night Superintendents 9 Ward Sisters 36 Nurses 13 Probationers The Hospital contracts with the All Saints' Sisterhood for the Nursing and Female Domestic staff, paying £193. 5s. a month, and giving lodging, lighting, and firing, the board, wages, &c., being paid by the Sisterhood. There is a clause in the agreement to prevent proselytising. On the 6th April 1889, the Sisterhood decided to admit Nurses of all creeds to the paid Staff of the Hospital.	Sisters from 6 a.m. to 10 p.m. Nurses from 8.45 a.m. to 9 p.m. Nurses (Night) from 8.50 p.m. to 9 a.m. Probationers from 8.30 a.m. to 9 p.m.	SISTERS. 2 free evenings a week from 6 to 8. Never absolutely on duty, as liable at any time to be sent for. Annual Holiday :—1 calendar month. NURSES. 2 hours 3 times a week, and from 6 p.m. to 10 p.m. once a week, and sometimes a day and a night. Annual Holiday :—1 calendar month. PROBATIONERS. 2 hours 3 times a week, and after 6 months' service the same time off as the Nurses. Holiday :—2 to 3 weeks during first year.	SISTERS. Breakfast 8 to 8.30 a.m. Dinner 12.45 p.m. Tea 3.30 p.m. Supper 8 p.m. NURSES AND PROBATIONERS. Breakfast 7.40 a.m. Luncheon 9.30 to 10 a.m. Dinner, half an hour. Supper 9 p.m. NIGHT NURSES. Breakfast 8 p.m. Ward Meals. Dinner 9 a.m.	The appointment of the Head Sister is subject to the approval of the Hospital Committee. The Sister Superior appoints and dismisses the Sisters, Nurses, and Probationers.	SISTERS. 1 with 13 years. 1 „ 12 „ 3 „ 10 „ 2 „ 5 „ 2 „ 3 „ NURSES. 1 with 16 years. 3 „ 10 „ 3 „ 9 „ 1 „ 8 „ 3 „ 7 „ 2 „ 6 „ 6 „ 5 „ 3 „ 3 „ 11 „ 4 „ The Pupils can have a certificate of 1 year's *training*, not *as trained*, at the end of a year. And any Nurse or Pupil can have a certificate from the Physician or Surgeon who teach, if she passes her examination. No special time for that. Nurses have a certificate if they should leave.	The Sister Superior supervises the Nursing, and has charge of all the female servants. She visits every Ward daily; she has no assistant; her annual holiday is of 1 calendar month's duration.	There are 2 Night Superintendents; they are responsible for the order and discipline of the Wards during the night; visit each Ward and take the temperature of the Wards and outside the Hospital three times during the night; attend all operations, and give any assistance needed with specially bad patients; refer any important matter to the Sister Superior, and give in a written report each morning. There are no permanent Night Nurses; nurses on night duty change every month. The Night Superintendents and the Night Nurses have an annual holiday of 1 calendar month.	They are promoted to be Nurses after 1 year's service. They are put on night duty as assistants after 6 months' training, occasionally sooner. They are not eligible to become Sisters of Wards.	Are taken for 1 year. There are 32 in the Hospital. They are put on night duty in the same way as ordinary Probationers. They are not eligible to become Sisters of Wards.	2 Night Superintendents 9 Sisters. 36 Nurses. 13 Probationers, Ordinary. 32 „ Paying. Average number of Nurses to Patients is 1 to 3.	Some of the Sisters sleep in cubicles and some in separate rooms. Nurses sleep some in separate rooms (given by seniority), others 2 or 3 in a room according to its size. Each room has curtained divisions.	If a Nurse is incapacitated by illness or old age, she receives a pension and is provided for at the Home or elsewhere. Each case is treated with separate consideration.	*Nil.*	*Nil.*	*Nil.*	*Nil.*
220	182	1 Matron - - - £200 a year, board and lodging 1 Home Sister - - Commences at £50 a year, board, lodging, and uniform. 6 Ward Sisters - - £35 to £50 a year, board, lodging, and uniform. 1 Night Sister - - £45 to £50 a year, board, lodging, and uniform. 18 Staff Nurses - - £20 to £36 a year, board, lodging, uniform, and 2*s.* a week for washing. 12 Extra Nurses - - £20 to £36 a year, board, lodging, uniform, and 2*s.* a week for washing. 41 Probationers - - first year *nil*, second year £15, board, lodging, uniform, and 2*s.* a week for washing. Lady Probationers On 1 year's training pay £1. 1*s.* a week. „ „ On 3 years' training pay— First year - £19 a year. Second year - £21 „ Third year - *Nil.* „ Lady Probationers are all allowed 2*s.* a week for washing.	Nurses from 7 a.m. to 9 p.m. Nurses (Night) from 9 p.m. to 9 a.m. Probationers (Ordinary and Lady), from 7 a.m. to 9 p.m.	SISTERS. Have from Saturday afternoon to Monday morning once a month. Annual Holiday :—6 weeks. DAY NURSES AND PROBATIONERS. 4 hours every day. 1 whole day a month. The Nurses have from 4.30 p.m. on Saturday to 10 a.m. on Monday morning. NIGHT NURSES. 10 a.m. to 1 p.m. daily, and 2 days a month. Annual Holiday :—First and second year Probationers, 3 weeks. Nurses, 4 weeks.	NURSES AND PROBATIONERS. Breakfast { 6.30 a.m. / 9.30 a.m. Lunch 9 to 10 a.m. Dinner { 12.45 to 1.15 p.m. / 1.20 to 1.50 p.m. Tea { 4.50 to 5 p.m. / 5 to 5.30 p.m. Supper 9 p.m. Night Nurses have meals in the Wards at midnight and at 4 a.m., and 3 meals in Nurses' dining room.	The Matron is appointed by the Committee of Management. The Sisters and Special Probationers have their names submitted by the Matron to the Nursing Committee for recommendation to the Committee of Management. The Nurses and Probationers are appointed and can be dismissed by the Matron under the control of the Committee of Management.	This hospital was nursed, 6 years ago, by the St. John's Sisterhood. SISTERS. 3 with 6 years. 1 „ 5 „ 1 „ 3 „ 2 „ 2½ „ 1 „ 1½ „ NURSES. 6 with 6 years. 7 „ 5 „ 5 „ 4 „ 8 „ 3 „ 8 „ 2 „ Certificates are granted after 3 years.	The Matron supervises the Nursing, and has charge of all the female servants; she visits every Ward daily. The Assistant Matron or Home Sister has the general care of the Nurses, and gives lectures to them in combination with those given by the Medical Staff. The Matron has an annual holiday of 1 month. *The length of the Assistant Matron's holiday is not given.*	The Night Sister has general supervision of the Night Nurses. There are no permanent Night Nurses. Nurses change from night to day duty every 3 months; but if it appears to the Matron that any nurse is unable to stand night duty, she is relieved at once. The Night Sister has an annual holiday of weeks, the Night Nurses one of a month.	They are promoted to be Nurses after 2 years' probationership. They are put on night duty when they are considered equal to the strain, and always under a trained Nurse. They are not eligible to become Sisters of Wards.	Are taken for 1 year or or for 3 years. There are 10 in the Hospital, which is the number allowed by the Committee; there is no accommodation for more. They are placed on night duty when considered equal to the strain, and then under a trained Nurse. They are eligible to become Sisters of Wards after 3 years' training.	1 Night Sister - - 8 Sisters. 18 Staff Nurses. 12 Extra „ 41 Ordinary Probationers. 10 Lady „ *No information given as to the proportion of Nurses to patients by day or by night.*	The Sisters have rooms near their Wards, the Nurses have each a cubicle at the top of the building.	The Governors pay half premium for Nurses who join the Royal National Pension Fund.	17	From £30 to £36 a year, with 10 per cent. of their earnings the first year, and 15 per cent. afterwards.	£2. 2*s.* per week, reduced in many cases to £1. 1*s.* and £1. 11*s.* 6*d.*	Two years.
281	255	1 Matron - - - £125 a year, with board and lodging. 1 Night Superintendent £40 a year, with board and lodging. 10 Sisters - - - £30 a year, rising £2 annually to £40, with all found. 36 Staff Nurses - £20 a year, rising £2 first and second year, and £1 third year to £25. 23 Probationers - - £10 a year. „ (Paying) Pay £30 a year for their board and lodging, and are treated as the other probationers.	Night Superintendent from 10 p.m. to 7 a.m. Sisters from 8 a.m. to 10 p.m. Nurses from 7 a.m. to 9 p.m. Nurses (Night) from 9 p.m. to 8.30 a.m. Probationers from 7 a.m. to 8.30 p.m.	NIGHT SUPERINTENDENT. 1 night every month. Annual Holiday :—1 calendar month. SISTERS. From 5 p.m. to 10.30 p.m. twice a week. From 7 p.m. to 11.30 p.m. once a week. From 2 p.m. to 4.30 p.m. Saturdays. From 3 p.m. to 10.30 p.m. alternate Sundays. 1 day every month. Annual Holiday :—1 calendar month. STAFF NURSES. From 5 p.m. to 10.30 p.m. twice a week. From 7 p.m. to 10.30 p.m. once a week. From 3 p.m. alternate Sundays. 1 day every month. Annual Holiday :—1 calendar month. PROBATIONERS. 2 hours daily. 1 day every month. Annual Holiday :—3 weeks, not taken all at once.	SISTERS. Breakfast after 8 a.m. Dinner 12.30 to 1.15 p.m. Tea 4 to 4.30 p.m. Supper 8.30 to 9 p.m. STAFF NURSES AND PROBATIONERS. Breakfast 6.30 a.m. Luncheon 9.30 to 10.30 a.m. Dinner about 12 to 12.45 p.m. Tea 4 to 4.30 p.m. Supper 8.30 to 9 p.m. NIGHT NURSES. Breakfast 8.30 p.m. Dinner 9 a.m. 2 meals during night.	The Matron, in consultation with the House and Finance Committee.	SISTERS. 1 with 25 years. 1 „ 12 „ 1 „ 11 „ 1 „ 9 „ 1 „ 8½ „ 1 „ 7½ „ 1 „ 5½ „ 2 „ 4½ „ 1 „ 2⅔ „ NURSES. 1 with 11 years. 1 „ 7 „ 2 „ 6 „ 1 „ 5½ „ 2 „ 5 „ 1 „ 4 „ 6 „ 3 „ 12 „ 2 „ After 1 year it is a mere certificate of 1 year's service. After 2 years, if satisfactory, a certificate of fitness is given.	The Matron supervises the Nursing, and has charge of the female servants; she visits every Ward daily. There is no Assistant Matron. The Matron has an annual holiday of 1 calendar month.	The Night Superintendent supervises the Nursing, and acts as Nurse in charge of the Casualty Department at night. There are no permanent Night Nurses. 12 Nurses are on night duty; they change to day duty at the discretion of the Matron. The Night Superintendent has an annual holiday of 1 calendar month, and the Night Nurses have 3 weeks.	They are promoted to be Nurses after 2 years' training. They are not put on night duty. They are eligible to become Sisters of Wards.	Are taken for 1 year at least. There are 12 in the Hospital, which is the number allowed by the Committee. They are not put on night duty. They are eligible to become Sisters of Wards after 2 years' training.	1 Night Superintendent 10 Sisters. 49 Nurses and Probationers. There are 10 Sisters, 14 Nurses, and 24 Probationers to 281 beds by day; and 1 Night Superintendent and 12 Nurses to 281 beds by night.	A few of the Sisters sleep in rooms in or adjoining the Wards; but most of the Nursing Staff sleep in dormitories in another part of the Hospital.	The Hospital is affiliated to the Royal National Pension Fund. The Governors pay half premiums to entitle Nurses to pension at the age of 55 years.	*Nil.*	*Nil.*	*Nil.*	*Nil.*

D.—General Hospitals with Schools in the Metropolis.—Notes on the Honorary, Resident, and Non-Resident Medical Staff. Officials and Servants. Pensions, Rates, Sanitary Inspection, and Fire Precautions.—Endowed and Voluntary Hospitals.

St. Bartholomew's

Honorary Medical Staff.

Number of, and Number of Beds in charge of each.	Amount of Honoraria.
4 Physicians — 3 with 50 beds each; 1 „ 48 „	£105 a year each.
1 „ Accoucheur — „ 20 „	£105 „
3 „ Casualty — „ no „	£100 „ „
4 „ Assistants — „ no „	£100 „ „
1 „ „ Accoucheur — „ no „	£100 „
5 Surgeons — 1 „ 78 „; 1 „ 75 „; 1 „ 74 „; 1 „ 71 „; 1 „ 68 „	£105 „ „
2 „ Ophthalmic — 1 „ 13 „; 1 „ 12 „	£100 „ „
1 „ Aural — „ no „	£26. 5s. „
5 „ Assistants — „ no „	£100 „ „
2 „ Dental — „ no „	£52. 10s. „ „
2 „ „ Assistants — „ no „	£26. 5s. „ „
	Total, £2,733. 15s.

Resident Medical Officers.

Number in Residence.	Salaries.	Boarded Free. Allowances.
4 Senior House Physicians	£25 a year each.	They are supplied with furnished apartments and attendance, but they provide their own board. No allowances.
5 „ „ Surgeons	£25 „ „	
1 Senior Assistant Administrator of Anæsthetics	£50 „	
1 Junior „ „	£25 „	
1 Ophthalmic House Surgeon	£25 „	
1 Midwifery Assistant	£25 „	
	Total, £350.	

Non-Resident Medical Staff.

Number of and Salaries.
1 Registrar, Medical — £50.
1 „ Surgical — £75.
1 Demonstrator of Morbid Anatomy £50.
1 Anæsthetist — £50.
1 Medical Officer in charge of Electrical Department — £100.
2 Medical Officers in charge of Electrical Department, Assistants £25 each.
2 Instructors of Probationary Nurses £100.
4 Junior House Physicians — £25.
5 „ „ Surgeons — £25.
Total, £800.

Officials.

Post held. Salary and Allowances.
1 Chaplain — £400, lodging.
1 „ Assistant — £200.
1 Renter — £600.
1 Clerk — £1,000, lodging.
4 „ Assistants — 1 at £225; 1 at £200; 1 at £100; 1 at £60.
1 Steward — £350, lodging.
2 „ Assistants — 1 £170; 1 £70.
1 Enquiry Officer, £3 a week — £156.
1 Surveyor — £315, and 2½ per cent. commission on new buildings erected under his supervision.
1 Surveying Clerk — £180.
1 Clerk of the Works, £3. 13s. 6d. a week = £191. 2s., lodging.
Total, £4,217. 2s.

Servants.

Number of, Wages and Allowances.
1 Porter — £120, resident, uniform.
3 Beadles, 1 at £100, 2 at £80 — £260 „ „
1 Dispenser — £220.
5 „ Assistants, 1 at 50s. a week 2 at 42s. 6d. „ 2 at 40s. „ — £559.
1 Curator of the Surgery — £104.
2 Laboratory Men, at 30s. a week — £156.
1 „ Engine Man, at 30s. a week — £78.
1 Messenger — £90. resident, uniform.
6 Box Carriers, or Surgeon Porters, 3 at 27s., 2 at 25s., and 1 at 23s. — £400. 8s., uniform.
1 Electricians' Porter, at 33s. — £85. 16s.
1 Bathman, at 27s. — £70. 4s., resident, uniform.
1 Barber, at 25s. — £65.
4 Lift Attendants, 1 at 21s., 3 at 19s. £202. 16s., uniform.
2 Day Gate Keepers, 1 at 27s. 1 at 25s. £135. 4s. „
3 Night Watchmen, 1 at 25s. 2 at 23s. £184. 12s. „
2 Coal Carriers, at 27s. each — £140. 8s. „
3 Labourers, 1 at 25s., 2 at 23s. — £184. 12s. „
1 Housekeeper to the Resident Medical Staff. She pays and boards servants — £273, resident.
1 Male Cook, at 35s. — £91, day board.
1 Kitchen Porter, at 24s. — £62. 8s. „
2 „ Boys, 1 at 10s., 1 at 8s. — £46. 16s. „
1 Hall Keeper — £65, resident.
22 Servants of Nurses' Home — £371, board, lodging, washing, and uniform.
27 Ward Maids. They commence at £15 a year: after 1st year £16; at the end of 3 years' service a gratuity of £3, and at the end of the 4th year's service, and on the expiration of every succeeding year, they receive a gratuity of £1. They are resident, and get free board, washing, and uniform. Total, exclusive of Ward Maids' wages, £3,965. 4s.

Pensions.

Officials and Servants.
It is the practice of the Governors to give pensions to officers and servants who, after long service, are incapable of further performance of duty. There is no scale, but every case as it arises is considered on its own circumstances and merits. The following officials are now in receipt of pensions: 1 Apothecary — £350. 1 Head Dispenser, £150. 1 Porter — £125.

Rates.

Assessment.	Annual Payment.
£3,955.	£1,186.

Sanitary Inspection.

The Clerk of the Works goes round and examines the condition of all sanitary appliances every three months. The Surveyor, and the Clerk of the Works, acting under him, are responsible for the sanitary condition of the Hospital.

Fire.

There are several hydrants outside the Ward buildings. On every floor of the Ward buildings and School buildings there is a hydrant with hose attached. Portable fire extinguishers and hand buckets are placed in several spots. Throughout the Nurses' Home there are hand grenades on every floor, and outside the Home there are hydrants with hose complete. A fire engine and a fire escape are kept ready for use. All the male servants of the Hospital are exercised in the use of the fire-extinguishing apparatus once a month by an officer of the London Fire Brigade.

St. Thomas's

Honorary Medical Staff.

Number of, and Number of Beds in charge of each.	Amount of Honoraria.
5 Physicians — 4 with 23 beds each; 1 „ 20 „	*No information given on this head.*
4 Surgeons — „ 30 „ „	

Resident Medical Officers.

Number in Residence.	Salaries.	Boarded Free. Allowances.
1 Resident Medical Officer	£100 a year.	They are boarded free and are allowed wine and beer.
1 „ Surgical „	£100 „	
1 „ Obstetric „	*Nil.*	
2 House Physicians	*Nil.*	
2 „ Surgeons	*Nil.*	
1 Dresser	*Nil.*	

Non-Resident Medical Staff.

Number of and Salaries.
1 Registrar, Medical — £50.
1 „ Surgical — £50.
1 Anæsthetist — £50.
Total, £150.

Officials.

Post held. Salary and Allowances.
1 Chaplain — £275, unfurnished residence.
1 „ Assistant — £150.
1 Receiver — £600.
Treasurer's Clerks — £160.
1 Steward — £555, unfurnished residence.
3 „ Clerks — 1 at £200; 1 „ £100; 1 „ £45.
Total, £2,085.
No information as to the Surveyor or Clerk of the Works.

Servants.

Number of, Wages and Allowances.
1 Store Keeper — £120, unfurnished house.
1 Surgery Beadle — £150.
1 Head Dispenser — £170.
4 Assistant „ — £70 to £120.
Porters, average — 26s. weekly.
1 Cook — £40, board and lodging and 2s. a week for washing.
Kitchen Maids — £14, board and lodging. (£12, and 1s. 6d for washing.
Kitchen Porters — £52.
Ward Maids — £12 to £15.
Scrubbers — 12s. a week.
No numbers given of Porters, Kitchen Maids, Kitchen Porters, Ward Maids, or Scrubbers.

Pensions.

Officials and Servants.
No regular scale; each case is considered on its own merits. The following officials and servants are now in receipt of pensions: 1 Dispenser £72. 1 Engineer £50. 1 Painter £29. 2 Scrubbers £20 each.

Rates.

Assessment.	Annual Payment.
£8,000.	£2,308. 6s. 8d.

Sanitary Inspection.

The Clerk of the Works is always on the spot. The Surveyor is responsible for the sanitary condition of the Hospital.

Fire.

Hydrants over building and regular practice by resident servants.

Guy's

Honorary Medical Staff.

Number of, and Number of Beds in charge of each.	Amount of Honoraria.
5 Physicians — about 45 beds each	£40 each.
5 „ Assistants in charge of Clinical Wards (40 beds) during the summer	£100 „
4 Surgeons — about 50 beds each	£40 „
1 „ Ophthalmic — „ 30 „	£40 „
4 „ Assistants — „ 5 „ „	£100 „
1 „ „ Ophthalmic „ 10 „	£100
	Total, £1,400.

Resident Medical Officers.

Number in Residence.	Salaries.	Boarded Free. Allowances.
1 Medical Superintendent	£600 a year.	House, coals, and gas.
1 Resident Medical Officer for private paying patients	£100 „	Board and lodging.
2 Obstetric Assistants	*Nil.*	„ „ „
4 House Physicians	*Nil.*	„ „ „
4 „ Surgeons	*Nil.*	„ „ „
2 Surgeons' Dressers	*Nil.*	„ „ „
	Total, £700.	Alcohol is allowed to the residents.

Non-Resident Medical Staff.

Number of and Salaries.
1 Registrar, Medical — £50.
1 „ Surgical — £50.
1 Pathologist — *Nil.*
1 Anæsthetist — *Nil.*
Total, £100.

Officials.

Post held. Salary and Allowances.
1 Chaplain — £300, residence, light, and fire.
1 Accountant — £350.
1 „ Assistant — £70.
1 Steward and Storekeeper — £220.
2 „ Clerks — 1 at £115; 1 „ £70.
1 Museum Keeper — £140.

Servants.

Number of, Wages and Allowances.
1 Surgeryman — £110.
1 Head Dispenser — £200.
4 Assistant Dispensers — £400.
2 Porters, at £50 each — £100.
1 „ Front Gate — £80, house, coals, gas, and uniform.
1 „ Back „ — £62. 10s. „ „ „
1 „ Out-Patients — £60, uniform.
1 „ Night — £62. 10s.
1 „ Lift — £45.
2 Bathmen, £62. 10s. each — £125, house, coals, and gas.
1 „ Assistant — £60.
1 „ Extra — £55.
1 Assistant Storekeeper — £70.
1 Baker — £80.
1 Messenger — £75.
1 Gardener — £52. 10s.
1 Flockman — £70.
1 Dustman — £52. 10s.
1 Electrifying Room Porter — £52. 10s.
1 Housekeeper — £50, board, lodging, and uniform.
1 Linen Storekeeper — £30 „ „ „
1 Dormitory Sister — £25 „ „ „
1 Cook — £30, board and lodging.
4 Kitchen Maids, at £14 each — £56 „ „
1 „ Porter — £26, board.
2 Scullery Maids — £28, board and lodging.
20 Ward Maids, at £15 — £300 „ „ and uniform.
6 House „ „ £14 — £84, board, lodging, and uniform.
30 Scrubbers, £13 weekly — £676.
6 Servants Nursing Home — £111, board, lodging, and uniform.
1 Laundress — £30 „ „ „
15 Laundry women — £576.
Total, £3,734. 10.

Pensions.

Officials and Servants.
The Governors pay half premium to the Royal National Pension Fund to secure a pension for a certain class of servants. The Governors consider the cases of officials after long service in the Hospital, and grant pensions accordingly.

Rates.

Assessment.	Annual Payment.
£5,500.	£1,500.

Sanitary Inspection.

This is made daily by the Superintendent, who is responsible for the sanitary condition of the Hospital.

Fire.

Special precautions are taken on each landing by fire hydrants, hose and buckets, which are inspected once a quarter by Merryweather & Sons. There are special orders throughout the Hospital.

D.—General Hospitals with Schools in the Metropolis.—Notes on the Honorary, Resident, and Non-Resident Medical Staff, Officials and Servants, Pensions, Rates, Sanitary Inspection, and Fire Precautions.—Endowed and Voluntary Hospitals—*continued.*

HOSPITAL.	HONORARY MEDICAL STAFF. Number of, and Number of Beds in charge of each.	HONORARY MEDICAL STAFF. Amount of Honoraria.	RESIDENT MEDICAL OFFICERS. Number in Residence.	RESIDENT MEDICAL OFFICERS. Salaries.	RESIDENT MEDICAL OFFICERS. Boarded Free. Allowances.	NON-RESIDENT MEDICAL STAFF. Number of, and Salaries.	OFFICIALS. Post Held. Salary and Allowances.	SERVANTS. Number of Wages and Allowances.	PENSIONS. Officials and Servants.	RATES. Assessment.	RATES. Annual Payment.	SANITARY INSPECTION.	FIRE.
	3 Physicians 3 „ in charge of Out-patients 1 „ Obstetric 1 „ for Skin Diseases 1 „ Assistant 1 „ „ Obstetric 3 Surgeons 1 „ in charge of Out-patients 1 „ Aural 3 „ Assistants 2 „ Dental *No information given as to distribution of beds.*	*Nil.*	2 House Physicians 1 Obstetric „ 2 House Surgeons	*Nil.* *Nil.* *Nil.*	They are boarded free, and are allowed beer.	1 Registrar, Medical - £40. 1 „ Surgical - £40. 1 Pathologist - £50. 1 Anæsthetist - £50. 1 Curator - £40. Total, £220.	1 Chaplain - £200. 1 Secretary - £400, luncheon and dinner. 1 „ Clerk - £170. 15*s.*, luncheon. 1 Steward - £80, board and lodging.	1 Surgery Porter - £87, uniform. 1 Head Dispenser - £170, dinner and tea. 2 Assistant „ - £80 „ „ 1 £70 „ „ 1 Laboratory Man - £57. 4*s.* 1 Porter, House - £25, board, lodging, and uniform. 1 „ Lift - £26 „ „ „ 1 „ Hall - £57. 4*s.*, uniform. 1 „ Night - £54. 12*s.* 2 „ Out-patient - 1 £59. 16*s.*, uniform. 1 £57. 4*s.* „ 1 „ Furnace and Coal - £57. 4*s.*, dinner. 1 Carpenter - £85. 16*s.* „ 1 Boy - £15. 12*s.* 1 Linenry Sister - £30, board, lodging, and washing. 1 Cook - £35 „ „ „ 1 Kitchen Maid - £18 „ „ „ 4 Housemaids - 3 at £18, all found. 1 at £16 „ 1 Caretaker of Women's Convalescent Wards - £12. 11 Scrubbers - £343. 4*s.* Total, £1,374. 16*s.*	Each case is considered on its merits. The only official of the Hospital who is in receipt of a pension is a former Matron, to whom a pension of £50 a year was granted in the year 1871.	£500.	About £125.	No periodical inspection, except by the Hospital officials, who inspect all internal sanitary appliances once a week, and all external ditto at least quarterly. The Secretary under the Architect is responsible for the sanitary condition of the Hospital.	A hand pump, hose, and fire buckets are kept in the Hospital, and a fireman is on duty outside the building all night with a fire escape.
	4 Physicians - Each Physician admits for one week a month. 1 „ Obstetric 2 „ Assistants - who see out-patients, and may have four in-patients each. 4 Surgeons - Each surgeon admits for one week a month. 1 „ Ophthalmic 1 „ Aural 2 „ Assistants - who see out-patients, and may have four in-patients each. 1 „ „ Ophthalmic 2 „ Dental	*Nil.* Cab fares are paid when the Physician or Surgeon is sent for to any special or urgent cases.	1 Resident Medical Officer 1 Obstetric „ „ 2 House Physicians 2 „ Surgeons	£250 to £350 after 16 years' service. £100. *Nil.* *Nil.*	Board and lodging. „ „ „ „ „ „ They are allowed beer.	1 Registrar, Medical - £50. 1 „ Surgical - £50. 1 Curator - £50. 1 Anæsthetist - £20. 1 Galvanist - £20. Total, £190.	1 Chaplain - £200, board and lodging. 1 Secretary Superintendent - £450 „ 1 „ Clerk £100 to £150. 1 Clerk for registering In-and Out-Patients - £50 to £110. 1 Senior Clerk - £70. 1 Collector, 4 per cent. on all subscriptions he receives, 1 per cent. on all paid direct to Bankers, and 1 per cent. on all new subscriptions he receives. 1 Steward - £100, board and lodging.	1 Head Dispenser - £150 to £225. 3 Assistant „ - 1 £130 to £150. 1 £110. 1 £100. 1 Porter, Laboratory - £65. 1 „ Hall - £40 to £45 1 „ Out-patient - £40 1 „ Surgery - 1 Indoor Messenger - 1 Outdoor „ - £25 to £30 1 Liftman - 1 Bathman - 2 Under Porters - 1 Night „ - 12*s.* a week board wages, 2 pints beer a day, a suit of livery every eight months, and lodging, except Hall and Night Porters. 1 Man Servant and wife for Officers' Home - £70, 2 pints beer a day. 1 Engineer - £91, „ „ „ 1 „ Night - £83. 4*s.*, „ „ „ 1 Carpenter - £83. 4*s.*, „ „ „ 1 Labourer - £65, „ „ „ 1 Post-mortem Porter - £52, „ „ „ and dinner. 1 Cook - £35, board, lodging, and washing. 1 „ Nurse's - £25, „ „ „ 3 Kitchen Maids - 1 at £18, „ „ „ 2 at £16, „ „ „ 1 Scullery Man - £20, „ „ „ 15 Ward Maids - £240, „ „ „ uniform. 2 Housemaids - £32, „ „ „ About 20 Scrubbers at 3*d.* an hour, breakfast and lunch.	No regular system of pensions; each case is dealt with on its merits.	£1,584.	£365.	The Resident Medical Officer visits the Wards every day 'to see to their cleanliness and to the proper sanitary condition of the Hospital, &c.,' and he is responsible for their condition.	Fire pumps with pails are provided on all floors. Instructions to Nurses and Porters are put in all Wards, Corridors, &c., and Nurses are about to receive regular instruction in the use of fire pumps, &c. Outside the Hospital is a fire alarm, communicating with the Fire Brigade.
	5 Physicians - with 46 to 47 beds each 1 „ Obstetric - „ 21 „ 6 „ Assistants - 5 „ 14 „ „ 1 no „ „ 1 „ „ Obstetric „ 7 „ „ 5 Surgeons - „ 80 „ 81 „ „ 2 „ Aural - as required by courtesy 4 „ Assistants - various, by courtesy of their seniors. 1 „ Dental - no beds.	*Nil.* *Nil.* £50 each. *Nil.* *Nil.* £50 each. *Nil.*	5 House Physicians 1 Obstetric „ 5 House Surgeons 2 Dressers (weekly) 2 Maternity Assistants	*Nil.* *Nil.* *Nil.* *Nil.* *Nil.*	They are boarded free, and beer and washing are allowed.	1 Registrar, Medical - £100. 1 „ Surgical - £100. 1 Anæsthetist - £50. 3 Clinical Assistants, Out-patients' Department £80 each. 1 Senior Dresser to Out-patients - £40. Total, £530.	1 Chaplain - £300 and house. 1 „ Assistant - £150. 1 House Governor - £887, furnished house. 1 Secretary - £400, and 5 per cent. on weekly and monthly rents. 2 „ Clerks, at £50 each - £100. 1 Collector (People's Fund) - £90, 5 per cent. on collections. 5 House Governors Clerks - 1 £175. 10*s.*, furnished house and luncheon. 1 £170. 6*s.*, luncheon. 1 £96. 4*s.*, „ 1 £78, „ 1 £52, „ 1 Enquiry Officer - £150, „ 1 Surveyor - £200, extra pay if appointed Clerk of Works for new buildings. Total, about £2,849.	1 Storekeeper - £117, luncheon, £4. 4*s.* beer money and uniform. 1 Surgery Beadle - £130, partial board and lodging, £4. 4*s.* beer money, and uniform. 1 Head Dispenser - £230, luncheon. 3 Assistant „ - 1 £110, board and lodging. 2 £110 each, luncheon. 1 „ „ extra - £91 „ 2 „ „ half day - £65 each „ 41 Porters - *Wages not stated.* 1 Housekeeper - £60, board and lodging. 1 Cook - £35, „ „ 1 „ Hebrew - £21, „ „ 1 Kitchen Maid - £18. 18*s.*, board and lodging. 1 Cook Assistant, Male - £75. 18*s.*, £6. 6*s.* beer money, and uniform. 1 Scullery Maid - £20. 16*s.*, board. 22 Ward Maids - £27. 6*s.* each, dinner and uniform. 1 Head Housemaid - £18. 18*s.*, full board. 6 Assistant „ - £16. 16*s.* each, full board. 11 Permanent Scrubbers - £27. 6*s.* each, 1 pint of beer a day. Casual Scrubbers as required. 1 Laundress - £37. 10*s.*, board and lodging. 1 Laundryman - £72. 16*s.*, £6. 6*s.* beer money, and uniform. 6 Assistant Laundresses - £18. 18*s.* each, board, lodging, 1 pint beer daily. 18 Laundry Women - £26. each, beer and tea daily. 1 Bath Woman - £36. 8*s.*, lodging, uniform, and 1 pint beer daily. Total, exclusive of 41 Porters and allowances, about £3,008.	The Governors give pensions, after long-continued meritorious service, from the funds of the Hospital, on the recommendation of the House Committee.	Formerly £120, but just increased to £1,000.	Then £65, but now £520.	The sanitary arrangements are always under inspection by the Surveyor and House Governor. The drainage and sanitary arrangements are now being brought up to date, under the advice of Dr. Parkes. The House Governor is responsible for the sanitary condition of the Hospital.	The Hospital is in telephonic communication with the nearest Fire Brigade. The Hospital and contiguous Nursing Home are provided with 8 staircases, so arranged that persons can escape right or left wherever they may be. There are descending mains from the roof. Tank always ready for immediate use. Hose always connected. There are also about 170 charged buckets suitably hung, 17 small engines or hand pumps duly charged, and 40 extincteurs (chemical fire-engines). Instructions in case of fire are suspended freely in the building and in the Nursing Home.

D.—General Hospitals with Schools in the Metropolis.—Notes on the Honorary, Resident, and Non-Resident Medical Staff, Officials and Servants, Pensions, Rates, Sanitary Inspection, and Fire Precautions.—Endowed and Voluntary Hospitals—*continued.*

NAME OF HOSPITAL.	HONORARY MEDICAL STAFF. Number of, and Number of Beds in charge of each.	HONORARY MEDICAL STAFF. Amount of Honoraria.	RESIDENT MEDICAL OFFICERS. Number in Residence.	RESIDENT MEDICAL OFFICERS. Salaries.	RESIDENT MEDICAL OFFICERS. Boarded Free. Allowances.	NON-RESIDENT MEDICAL STAFF. Number of, and Salaries.	OFFICIALS. Post held. Salary and Allowances.	SERVANTS. Number of, Wages and Allowances.	PENSIONS. Officials and Servants.	RATES. Assessment.	RATES. Annual Payments.	SANITARY INSPECTION.	FIRE.
MIDDLESEX	4 Physicians - with from 20 to 34 beds each 1 „ Obstetric „ 8 „ 3 „ Assistant „ no „ 1 „ „ Obstetric „ no „ 4 Surgeons „ 5 „ 60 „ „ 1 „ Ophthalmic „ 5 „ 1 „ Aural „ no „ 2 „ Assistant „ no „ 1 „ Dental „ no „ 1 „ „ Assistant „ no „	*Nil.*	1 Resident Medical Officer 1 „ Obstetric „ 3 House Physicians 3 „ Surgeons 1 Casualty Medical Officer 1 „ Surgical „	£200. *Nil.* *Nil.* *Nil.* £50. £50.	Board and lodging. „ „ „ „ „ „ Each pay £10. 10*s.* on appointment. Board and lodging. Each pay £10. 10*s.* on appointment. Partial board and lodging. „ „ „	1 Registrar, Medical £40. 1 „ Surgical £40. 1 Pathologist and Curator £70. 2 Anæsthetists *Nil.* 2 Extern Clerks (Maternity Department) *Nil.*	1 Chaplain £200, board and lodging 1 Secretary Superintendent £300 „ „ 2 „ Clerks £90, luncheon. £36 „ 1 Collector of Subscriptions 5 per cent. on amounts collected. 1 „ Rents 4 „ „ „ 1 Steward £120, board and lodging.	1 Surgery Man £30, rations and lodgings. 1 Senior Helper £31 „ „ „ for wife and child. 5 Helpers £26 each, rations and lodgings. 1 Head Dispenser £150, dinner. 3 Assistant Dispensers 1 £145; 1 £80 „; 1 £70 „ 1 Hall Porter £40, and 14*s.* a week board wages. 2 Out-patient Porters 1 £30 „ „ „ „; 1 £25 „ „ „ „ 1 Dispensary Porter £54. 12*s.* 1 Engineer £98. 16*s.* 2 Stokers £65 each. 1 Carpenter £85. 16*s.* 1 Laboratory Man £65. 1 Mortuary Attendant £30, and 14*s.* a week board wages. 1 Laundryman £57. 4*s.* 1 Window Cleaner £57. 4*s.* 1 Handy Man £57. 12*s.* 1 Housekeeper £60, board and lodging. 1 Cook £35 „ „ „ 1 „ Nursing Home £25 „ „ „ 2 Kitchen Maids £16 each, board and lodging. 1 Scullery Maid £13, board and lodging. 1 Refectory Maid £15 „ „ „ 4 Housemaids 1 £20 „ „ „; 1 £18 „ „ „; 1 £17 „ „ „; 1 £16 „ „ „ 31 Scrubbers at 2*d.* per hour each. 1 Assistant in Kitchen £28. 12*s.* 1 Lady Superintendent's Maid £18, board and lodging. 1 Linen Store Woman £30 „ „ „ 1 „ „ „ Assistant £27. 6*s.* 1 Laundress £30, board and lodging. 9 Laundry Women, 2*s.* 10*d.* a day each. Total, about £1,618. 4*s.*, exclusive of allowances.	Cases are considered on their merits.	£784.	£200. 18*s.*	A man is constantly employed in cleaning, inspecting, and repairing the drains, traps, and gullies. The Honorary Architect and Resident Medical Officer are responsible for the Sanitary condition of the Hospital.	Hydrants and hose of p able fire-engines buckets on every f A monthly inspection appliances by Metropol Fire Brigade Inspec who also drills the m servants.
CHARING CROSS	6 Physicians 1 „ for Skin Diseases 1 „ Assistant 1 „ Obstetric 1 „ „ Assistant 4 Surgeons 2 „ Assistants 1 „ Dentist *No information given as to distribution of beds.*	*Nil.*	1 Obstetric Medical Officers 2 House Physicians 2 „ Surgeons	*Nil.* *Nil.* *Nil.*	Board, lodging, washing and beer. „ „ „ „ „ „	1 Registrar, Medical £40. 1 „ Surgical £40. 1 Pathologist £40. 2 Anæsthetists *Nil.* 1 „ Assistant *Nil.*	1 Chaplain £150. board, lodging, and washing. 1 Secretary £400, luncheon. 1 „ Assistant £120 „ 1 Collector £150, no commission.	1 Surgery Porter £78, uniform. 1 Head Dispenser £130. 2 Assistant Dispensers 1 £90.; 1 £26. 1 Hall Porter £88. 8*s.*, uniform. 1 Night „ £78. „ 2 House „ 1 £59. 16*s.*; 1 £57. 4*s.* 2 House Porter Assistants £46. 16*s.* each. 2 Hall Boys £13 each, uniform. 1 Electrical Assistant £25. 4*s.* 1 Engineer £156. 1 „ Assistant £39. 1 Stoker £62. 8*s.* 1 Fireman £78, uniform. 1 Housekeeper £40, board, lodging, and uniform. 1 Linen Sister £30 „ „ „ 2 Cooks £24 each, board and lodging. 2 Kitchen Maids 1 £12, board and lodging; 1 £11 „ „ „ 2 Parlour Maids 1 £19 „ „ „; 1 £17 „ „ „; 1 £17 „ „ „ 4 Housemaids 1 £15 „ „ „; 2 £12 „ „ „ 13 Ward Maids 11 £26 each, board; 1 £35. 2*s.* „; 1 £20. 16*s.* „ Total, about £1,643. 14*s.*	No system of pensions for officials or servants.	£1,285.	£339.	A sanitary inspection is made daily by the Engineer. The Secretary is responsible for the sanitary condition of the Hospital.	A fireman watches at nigh Each floor is fitted wit apparatus for extinguish ing fire. These fittin were placed under th inspection and advice the late Mr. Hutchings the Fire Brigade.
UNIVERSITY COLLEGE	4 Physicians 1 with 20 beds; 2 „ 17 „ each; 1 „ 14 „ 1 „ Out-patients' Department „ 10 „ child'n 1 „ Obstetric „ 15 „ 1 „ Skin Diseases „ 5 „ 2 „ Assistants „ no „ 1 „ „ Obstetric „ no „ 3 Surgeons *No. of beds not given* 2 „ Out-patients' Department 1 with 4 beds; child'n; 1 „ no „ 1 „ Ophthalmic „ 11 „ 2 „ Assistants „ no „ 1 „ Dental „ no „	*Nil.*	1 Resident Medical Officer 1 Obstetric „ „ 4 House Physicians 3 „ Surgeons	£150. *Nil.* *Nil.* *Nil.*	Board and lodging - Pays £1. 1*s.* a week for board. „ „ „ „ „ „ Beer is allowed, and the washing of bed and table linen only.	1 Surgical Registrar £75, luncheon. 1 Anæsthetist *Nil.*	1 Chaplain £70. 1 Secretary £500, and £50 as collector, and £50 as Secretary to the Samaritan Fund. 1 „ Clerk £50. 1 Clerk and Steward £250. 1 „ Assistant £124. 16*s.*	1 Surgery Beadle £65, uniform. 1 Head Dispenser £225; 3 Assistant Dispensers 1 £120 and half Pharmacy fees, average £90; 1 £60 „ tea twice a week; 1 £80 1 Boy £20. 16*s.* 1 Engineer £88. 8*s.*, dinner and tea twice a week. 1 Carpenter £96. 4*s.*, uniform. 1 Hall Porter £79. 6*s.* „ 1 Out-patient Porter £79. 6*s.* „ 1 „ „ £76. 14*s.* „ 1 „ „ £75. 8*s.* „ 1 Messenger £72. 16*s.* „ 1 Bathman £72. 16*s.* „ dinner daily, and tea twice a week. 5 House Porters £317. 8*s.*, uniform. 1 Post-mortem Porter £61. 12*s.* „ 1 Cook £30. 1 Kitchen Maid £16. 1 „ Porter £61. 12*s.*, dinner and uniform. 1 House and Parlour Maid £18. 1 Chamber Maid £16. 22 Scrubbers £181. 2*s.* 8*d.* Total, about £1,912. 8*s.*	No system of pensions for officials or servants.	£305.	On a 10 years average, £73. 4*s.*	The Surveyor and Secretary make constant inspections, and they are responsible for the sanitary condition of the Hospital.	On each landing there back yard there is a hose screwed on to a pressure main. A bell in case of fire are hung There are extincteurs 4 garden engines. In Lodge from the Hosp There is electric comm cation between the Resident Medical Off rooms and the Nurses' rooms. There is an fire-alarm post clos Hospital in Univers Street.

D.—General Hospitals with Schools in the Metropolis.—Notes on the Honorary, Resident, and Non-Resident Medical Staff, Officials and Servants, Pensions, Rates, Sanitary Inspection, and Fire Precautions.—Endowed and Voluntary Hospitals—*continued.*

L.	HONORARY MEDICAL STAFF. Number of, and Number of Beds in charge of each.	HONORARY MEDICAL STAFF. Amount of Honoraria.	RESIDENT MEDICAL OFFICER. Number in Residence.	RESIDENT MEDICAL OFFICER. Salaries.	RESIDENT MEDICAL OFFICER. Boarded Free. Allowances.	NON-RESIDENT MEDICAL STAFF. Number of, and Salaries.	OFFICIALS. Post Held. Salaries and Allowances.	SERVANTS. Number of, Wages and Allowances.	PENSIONS. Officials and Servants.	RATES. Assessment.	RATES. Annual Payment.	SANITARY INSPECTION.	FIRE.
-	5 Physicians - - - - 1 with 24 beds 1 „ 23 „ 1 „ 14 „ 2 „ 10 „ 2 „ Obstetric - 1 — „ 22 „ 1 „ 12 „ 3 „ Assistants - - „ no „ 1 „ „ Obstetric „ no „ 3 Surgeons - - - - „ 30 „ each. 1 „ Ophthalmic - - „ 12 „ 1 „ Aural - - - „ no „ 3 „ Assistants - - „ no „ 1 „ Dental - - - „ no „	*Nil.*	3 Surgical Officers - - 2 Obstetric „ - - 2 House Physicians -	*Nil.* *Nil.* *Nil.*	Board and lodging. „ „ „ „ Alcohol is allowed, but not washing.	1 Registrar, Medical 1 „ Surgical 1 Pathologist - - 1 Anæsthetist -	*No mention of Salaries.*	1 Chaplain and Secretary - - - - - £500. 2 „ Clerks - - - - - - 1 at £120. 1 „ £70. 1 Steward - - - - - - - - £250. 1 Enquiry Officer - - - - - - - £50. Total, £990.	1 Head Dispenser - - - - £180. 2 Assistant „ - - - 1 £100. 1 £80. 9 Porters - - - - - 1 £91. 1 £72. 16*s.* 1 £83. 4*s.* 1 £62. 8*s.* 1 £65. 1 £70. 4*s.* 3 £59. 16*s.* each Partial uniform. 1 House and Storekeeper - - - £40, board and lodging. 1 „ „ Assistant - £20—£25, board and lodging. 1 Cook - - - - - - £28, board and lodging. 1 Kitchen Maid - - - - - £24 „ „ 1 „ „ - - - - - £17 „ „ 1 Scullery „ - - - - - £16 „ „ 8 Ward „ - - - - - £14—£16, board and lodging, and uniform. 4 House „ - - - - - £17 each, board and lodging. 16 Scrubbers - - - - - 2*d.* per hour. 4 Parlour Maids - - - - - £18 each, board and lodging. 1 Linen Keeper - - - - £30 „ „ Total, about £1,266.	No system of pensions for officials or servants.	£1,200.	£300.	The Surveyor makes an annual inspection, and he is responsible for the sanitary condition of the Hospital.	A fireman from the Fire Brigade inspects all appliances, and drills Nurses and Porters monthly, and visits at other times. Very careful precautions are taken, too numerous to mention in this short space.
-	3 Physicians - - - - - with 37 beds each 1 „ Obstetric - - „ 12 „ 1 „ Diseases of the Throat „ no „ 3 „ Assistants - - „ no „ 1 „ „ Obstetric „ no „ 3 Surgeons - - - - - „ 42 „ each. 2 „ Ophthalmic - - „ 8 „ 1 „ Aural - - - „ 4 „ 1 „ Skin - - - „ 4 „ 1 „ Out-patients - - „ 6 „ 2 „ „ - - „ no „ 1 „ Dental - - - „ no „	*Nil.* Cab fares are paid when necessary.	1 Medical Superintendent - £150. 2 Obstetric Officers - - *Nil.* 3 House Physicians - - *Nil.* 3 „ Surgeons - - *Nil.* 1 Dresser - - - - *Nil.*		Board and lodging. „ „ „ „ „ „ „ „ Beer is supplied at dinner, but washing is not provided.	1 Registrar, Surgical - - - - £50. 1 Anæsthetist - - - - - - *Nil.*		1 Chaplain - - - - £200. 1 Secretary - - - - £400, luncheon. 2 „ Clerks - - 1 £110 „ 1 £40 „ 1 Steward - - - - £130, board and lodging. 1 „ Clerk - - - £30, luncheon. Total, £910.	1 Surgery Beadle - - - - £104, luncheon. 1 Head Dispenser - - - - £150 „ 1 Assistant „ - - - - £135 „ 2 Porters, Dispensary - - - 1 £76, uniform. 1 £70 „ 10 Porters - - - - - - 1 £84. 10*s.*, uniform. 1 £54. 12*s.* „ 2 £72. 16*s.* each, uniform. 2 £29. 9*s.* 8*d.* each, uniform, and resident. 2 £28. 3. 4*d.* „ „ „ 1 £65, uniform. 1 £78 „ 2 Lift Attendants - - - 1 £14. 6*s.*, partial board. 1 £13 „ „ 1 Carpenter - - - - - £80. 12*s.* „ „ 1 Engineer - - - - - £97. 10*s.* „ „ 1 Stoker - - - - - £59. 16*s.* „ „ 1 Housekeeper - - - - - £40, board and lodging. 1 Cook - - - - - - £35 „ „ 2 Kitchen Maids - - - 1 £16 „ „ 1 £12 „ „ 2 Scullery „ - - - 1 £14 „ „ 1 £12 „ „ „ - - - - 4 £16 each „ „ 1 £14 „ „ 5 £12 each „ „ 6 House „ - - - - 1 £20 „ „ 3 £16 each „ „ 2 £12 „ „ „ 10 Scrubbers, about 10*s.* a week each - £260. 6 Laundrywomen at 9*s.* „ „ - £140. 8*s.* Total, about £2,102. 11*s.* 4*d.*	No officials or servants have yet been pensioned; the question would be decided on its merits when it arose.	£1,500 gross, £1,250 net.	£302. 1*s.* 8*d.*	An inspection is constantly made by the Engineer. The House and Finance Committee is responsible for the sanitary condition of the Hospital. It receives reports on the subject from the Steward and Engineer.	One of the officers of the Metropolitan Fire Brigade regularly inspects the fire apparatus and conducts a fire drill among all the Porters. There are 2 hydrants on every floor, and a fire escape in every Ward.

E.—General Hospitals with Schools in the Metropolis.—Notes with regard to the Medical Schools.—Endowed and Voluntary General Hospitals.

HOSPITAL.	MANAGEMENT OF SCHOOL And the tenure upon which it holds its premises.	DEAN.	No. of Students.	No. of New Entries in 1890.	Students' Fees for the Full Curriculum.	Income.	Expenses.	Payment of Lecturers.	Payment of Clinical Teachers.	Maximum and Minimum Amount Received by Lecturers in one year.	The total amount paid to the Lecturers and Clinical Teachers in 1890.	Money (if any) paid by the School to the Hospital.	Money (if any) paid by the Hospital to the School.	Any Fees Demanded from Dressers or Clerks.
St. Bartholomew's -	School Committee consists of all permanent Teachers. Also a Discipline Committee, which is a Sub-Committee of the School Committee, and consists of the Lecturers for the Session and certain nominated Members. The buildings used for the purposes of the Medical School are so occupied during the pleasure of the Governors of the Hospital.	Dr. Norman Moore, who is Honorary Secretary of the School, acts as Dean; the office does not exist by that name in this School.	470 in October 1890.	165 (including 20 entries to a single Medical course, and 25 to science courses only).	£131 5*s.* if paid in one sum, or £138 12*s.* if paid in instalments.	About £14,000.	About £4,000, inclusive of small Fees paid to Junior Teachers.	Each Lecturer receives a share of the School Fees, estimated according to his seniority, and the nature of the work done by him.	After the expenses have been deducted from the Fees received, the balance is divided among the Teachers, partly in relation to the amount of work done, and partly in relation to the character of the teaching.	In 1890 the maximum sum received by any one Lecturer or Teacher was about £600 and the minimum about £50.	About £10,000, including Physicians, Surgeons, Lecturers, Tutors, and Demonstrators.	£750 is paid annually on account of expenditure by the Hospital on the Medical School Buildings in the years 1877–1880.	None.	Clinical clerkships are free. 40 In-patients' dressers are free. Other Dresserships can be obtained on payment.
St Thomas's - -	Committee of Medical and Surgical Officers.	G. H. Makins.	400	107	£131 5*s.*	About £8,500.	About £3,000.	After deducting expenses from income, two-thirds of the remainder is divided among the Lecturers in proportion to the actual hours of work done by each.	After deducting expenses from income, one-third of the remainder is divided among the Clinical Teachers in shares according to seniority.	Maximum sum received by any one Lecturer, who is also a Clinical Teacher, is about £240, and the minimum is about £40 a year.	*No information given on this point.*	None.	Hospital pays certain Scholarships from Trust moneys.	None.
Guy's - - - -	Medical and Surgical Staff and Lecturers, with the Treasurer as Chairman.	Dr. E. C. Perry.	About 500.	164	£131 5*s.*	£11,000.	£4,000.	School Fees, after the expenses are deducted, are divided into 90 Shares. Every Lecturer is entitled to 1 or more Shares, according to his Lectureship and the number of Students attending.	The Clinical Teachers have shares allotted to them.	Maximum sum received by any one Lecturer is 3½ Shares; the minimum is half a Share. In 1890 the Share was equal to £90.	About £8,000.	School refunds Hospital the cost expended by it on new internal fittings for School Buildings, and a share of the cost of warming, lighting, and cleaning the same. Average payment £355 per annum.	Hospital paid £310. 6*s.* 5*d.* in the year 1889-90 toward the School Buildings and Museum.	Free.
Westminster - -	School of Medicine Committee consists of the Treasurer, 9 Governors of the Hospital, the Physicians and Surgeons of the Hospital, and 1 Lecturer, not a Medical Officer of the Hospital. The School pays rent to the Hospital.	Dr. W. H. Allchin.	100	31	£105.	Average for the last 5 years £1,860.	Average for the last 5 years £913.	The School Fees are divided into Shares after the expenses are deducted, and the Lecturers get Shares according to the value assigned to their Lectureship, and the number of Students attending the course.	The Clinical Fees are, after the expenses—such as printing, advertising, and certain School Scholarships—divided in certain proportions among the Clinical Teachers.	The maximum sum paid to a Lecturer who is also a Clinical Teacher is £100: the minimum is a few guineas only.	*No information given on this point.*	The School pays rent, £160, to the Hospital.	The Hospital granted a loan of £6,835 to the School for its site and building. The cost of the site and building was £13,835, but £6,000 was raised by a special appeal, and £1,000 was given by the Lecturers.	Free
St. George's - - -	Medical School Committee. The School pays rent to the Hospital.	Dr. Thomas Whipham.	140	31	£125.	£4,500 to £5,000.	£2,000.	Some by salary; some by proportion of the fees.		Maximum sum paid to any one Lecturer is £100. The minimum is £30.	£2,430.	The School pays rent to the Hospital.	The Hospital grants some rooms to the School free of rent.	Free.
London - - - -	College Board, which consists of an equal number of Medical men and Members of the Hospital House Committee. The College pays rent to the Hospital.	The Warden is Mr. Munro Scott.	460	58 Full, 30 Special.	£126.	About £6,500.	About £3,500.	From Fees.	From Fees.	£5,400 the maximum, and £2,400 the minimum. This represents the amount received by Lecturers in the College, and all the Clinical Teachers. A separate Teacher is required by the Licensing bodies for nearly every subject.	£2,469 12*s.*	The College pays rent to the Hospital. In 1889 the amount was £464. 16*s.* 10*d.*	The Hospital pays £350 a year and the College taxes. The total in 1889 was £438. 13*s.*	Free.

E.—General Hospitals with Schools in the Metropolis.—Notes with regard to the Medical Schools.—Endowed and Voluntary General Hospitals.—*continued.*

MANAGEMENT OF SCHOOL And the tenure upon which it holds its premises.	DEAN.	No. of Students.	No. of New Entries in 1890.	Students' Fees for the Full Curriculum.	Income.	Expenses.	Payment of Lecturers.	Payment of Clinical Teachers.	Maximum and Minimum Amount Received by Lecturers in one Year.	The total amount paid to the Lecturers and Clinical Teachers in 1890.	Money (if any) paid by the School to the Hospital.	Money (if any) paid by the Hospital to the School.	Any Fees Demanded from Dressers or Clerks.	Residential College.
Under the control of the Hospital; the School Committee supervises the instruction and discipline of the Students. The premises belong to the Hospital.	Mr. A. Pearce Gould.	About 360.	127	£100.	£5,000.	£2,000.	After the management expenses are deducted from the School Fees, the balance is divided into 600 Shares, 360 of which go to the Lecturers, who have to pay the cost of their Lectures.	The balance of the School Fees, after paying management expenses, is divided into 600 Shares, 240 of which are distributed among the 3 Senior Surgeons and 4 Senior Physicians.	The maximum sum that any one Lecturer could obtain, if he were also a Senior Surgeon or Physician, would be from £350 to £380 in a year. £10 is the minimum amount paid to a Lecturer.	£3,000.	The School pays interest at the rate of 3 per cent. on money advanced to it by the Hospital, and pays off the loan at the rate of 5 per cent. on the gross total of School receipts, reckoning the thousands only. The School pays 3 per cent. on gross receipts to the Hospital for keeping the buildings in repair.	The Hospital advanced money to the School. It pays annually £25 to the School Museum, £25 to the Library, and £21 for a prize. It also keeps the School buildings in repair.	Free.	Accommodation for 30 Students. The terms are from 14 to 16½ guineas for 3 months, and includes dinner in the Hall. There is also a Students' Club in the School.
No information given on this point. The School pays rent to the Hospital.	Mr. Stanley Boyd.	228	82	For a general course, £94. 10*s.* if paid in one sum, or £105 if if paid in 5 instalments. For a dental course, £56 if in one sum, or £62 if in 2 instalments.	£4,070.	*No information given on this point.*	Each Lecturer is paid the amount that his particular Lecture is priced at, according to the number of Students attending the course, less two-fifths for the expenses.	The amount paid by the Students for Hospital practice or Clinical tuition, less one-fifth for expenses, is divided into 82 Shares. 60 Shares are distributed among the 6 Senior Officers on the Staff, and 22 among the other Medical Officers who teach.	The maximum any one Lecturer would get would be, on the average, £170 for the Winter Session, and £60 would be the minimum sum given.	*No information given on this point.*	One-fifth total receipts of School fees for rent.	Ground rent and taxes. Governors' gold medal, &c.	Free.	*Nil.*
This School is a Department of the College, and is under the management of the College Council, whose property it is.	Professor E. A. Schafer, F.R.S., is Dean of the Faculty of Medicine.	306	100	£126.	£7,567.	*No information given on this point.*	The twenty-first part of the gross amount of fees (representing the difference between pounds sterling and guineas) paid in a Session for the Class or Classes of any Professor or other Teacher is first deducted and retained by the College. When, after such deduction, the fees so paid do not exceed £125, nine-tenths of the amount are to be paid to the Professor or other Teacher; when they are above that sum, but not more than £300, the Professor or other Teacher shall receive £100 and one-half of the remainder; when they are above £300, two-thirds of the amount shall be paid to the Professor or other Teacher.	Two-thirds of the fees for Hospital practice.	The maximum sum paid to a Lecturer is about £450 a year, and the minimum is £10 10*s.*	£5,403 6*s.*	The School pays over to the Hospital the Clinical fees of the Students.	None.	Free.	*Nil.*
This School is only a Department of the College, and is therefore managed by the Council of the College, whose property it is.	Dr. John Curnow is Dean of the Faculty of Medicine.	205	Average No. of new entries 35	£126. 11*s.* 6*d.*, or £143. 7*s.* 6*d.*, including Preliminary Science.	About £3,700.	About £1,700.	The whole of the Students Fees are paid to the Secretary of the College, who deducts one-fourth towards the expenses of the Medical Department, the remaining expenses being charged to the general funds of the College. Of the remaining three-fourths, about two-thirds are divided among the Professors, the remaining one-third (less the rent of a portion of the site of the Hospital) is paid to the Clinical Teachers.		£2,606. £1,691. (since 1882.)	*No information given on this point.*	The Medical Department contributes out of its fees £240 per annum, which is paid to the parish of St. Clement's Danes as perpetual rent for a portion of the site of the Hospital.	None.	Free.	Accommodation for 14 Students. The terms are from £50 to £60 for the academical year. This includes dinner in the College Hall.
Medical School Committee; it consists of the Medical and Surgical Staff, and some Medical men who are Governors of the Hospital are appointed by the Hospital Board. The premises belong to the School.	Mr. George P. Field.	300	52	£120.	Average for 7 years, £4,500. In the year 1888-89 the income was £5,500.	About £3,400.	Some Lecturers are paid fixed Salaries. The sum employed in this manner is about £1,100.	*Nil.*	The maximum sum paid to a Lecturer is about £160.	None in 1890. Usually £2,000 is divided.	The School pays interest on a loan of £11,000, granted by the Hospital at the rate of 4 per cent.	The Hospital granted a loan of £11,000 to the School.	Free.	Two houses are used as a Residential College. The terms are 90 guineas for the academical year. This includes all expenses of residence, with the exception of washing and bedroom fires.

F. -General Hospitals without Schools in the Metropolis.—Notes respecting their System of Government.

NAME.	FOUNDED.	COURTS.		COMMITTEES.				GOVERNORS.		SAMARITAN FUND.	MEDICAL AND SURGICAL STAFF.	INSTRUCTION.
		Annual.	Special.	Management.	House.	Finance.	Medical Council.	Qualification of.	Privileges of.		Qualification and Election of.	
Royal Free - - -	1828	This meeting is advertised in at least two daily papers 7 days before the date proposed for holding it. It receives the report from the Committee of Management, and elects 30 Governors to form this Committee for the ensuing year. 10 Governors form a quorum.	These Courts can be summoned at any time by the Committee of Management if requisitioned by 10 Governors. 14 days' notice must be given.	The Committee of Management consists of 30 Governors. It meets quarterly and receives the reports of the Weekly Board. The quorum is 5. The Treasurers, Chairman of Committee, and the Trustees are *ex-officio* members of all Committees.	The Weekly Board consists of 12 members of the Committee of Management; it meets every week and conducts the ordinary work of the Hospital. The quorum is 3.	The Finance Committee meets every week, generally before the Weekly Board, and checks all accounts. The quorum is 2.	The Drug Committee is composed of 3 Pharmaceutical Chemists, not necessarily Governors. It must, when summoned to order drugs or to receive them, decide as to their quality.	Subscribers of 1 guinea are Governors, and donors of 10 guineas in one sum are Life Governors.	All Governors can attend and vote at Annual and Special Courts.	£51. 5*s.* 5*d.* were expended in 1890, chiefly in giving Convalescent aid to patients, leaving the Samaritan Fund with a balance credit of £163. 17*s.* 10*d.*	Physicians or Assistant-Physicians must be Fellows or Members of the Royal College of Physicians, London. Surgeons and Assistant-Surgeons must be Fellows of the Royal College of Surgeons of England. They are elected by the Committee of Management, and they must retire at 60 years of age.	There is a Medical School ... Students of the London School ... for Women receive their clinical ... at the Hospital. The fee for ... is £110. The total number ... 1890 was 107. The number of ... in 1890 was 34. The total ... from fees in 1890 was £3,594. ... amount paid to Lecturers at the ... £948. The amount paid to ... the Hospital was £760. ... paid to Lecturers and Clinical ... 1890 was £1,708. Four per ... the amount of fees is paid to ... by the School, to cover the ... gas, firing, &c. The Dresser ... Clerkships are all free to Students.
Miller Memorial - -	1783 as a Dispensary, 1883 as a Hospital.	The Governors meet annually in June; 7 days' notice of such meeting to be given by circular posted to each Governor. 7 Governors form a quorum.	These Special Meetings may be summoned by the majority present at any Monthly or Medical Committee, specially convened for the purpose, on giving due notice thereof. The Hon. Secretary shall call such meeting on the written requisition of 21 Governors, to be held, not sooner than 7 days after notice.	General Committee consists of 50 Governors, elected by the Annual Meeting, and 5 Medical Officers to be named by the Medical Committee. It meets every month. 3 members form a quorum. A Special Meeting of this Committee can be called by the Hon. Secretary upon an emergency or upon the requisition of 3 Governors; 3 days' notice to be given to each member.	The House Committee elected by the General Committee, consists of 9 members of the latter body. 3 members form a quorum. It meets at least once a week and carries on the usual routine work of the Hospital.	The Audit Committee is elected by the Annual Meeting of Governors, and consists of five Governors not being members of the Monthly Committee. It audits all the accounts. 2 members form a quorum.	The Medical Officers of the Charity form the Medical Committee, with power to elect any Governor or other person as Honorary Member. 3 members form a quorum. It enquires into all matters respecting the Medical Department.	Subscribers of 1 guinea are Governors, and donors of 10 guineas are Life Governors.	Subscribers of 1 guinea are entitled to have 1 patient on the medical list at a time, and 1 lying-in patient in the year; subscribers of 2 guineas to 1 out-patient at a time, and 1 in-patient in the year. Donors of 10 and 20 guineas have the same privileges as subscribers at 1 and 2 guineas respectively.	There is no separate Samaritan Fund.	Physicians must be Fellows or Members of the Royal College of Physicians of London, Edinburgh, or Dublin, or Graduates in Medicine of any University of the United Kingdom, and on the Register. The Medical Officers must be Fellows or Members of the Royal College of Surgeons of London, Edinburgh, or Dublin, and Licentiates of the Royal College of Physicians of London, Edinburgh, or Dublin, or the Apothecaries Company, or Graduates of any recognised University of the United Kingdom examining in Medicine and Surgery, and on the Register. They are elected by the General Committee, and retire at 60 years of age.	*Nil.*
Great Northern Central -	1836	The General Council meets annually in February; 10 days' notice at least is to be given by advertisement or circular to each Governor. It receives a statement of the accounts of the preceding year and a report on the condition of the Hospital. 7 Governors form a quorum.	Special Meetings of the General Council can be convened at any time by the Committee of Management; or upon the requisition in writing of at least 20 Governors, the usual notice being given.	The Committee of Management consists of not less than 25 Governors and 2 reprcsentatives appointed by the Medical Committee. It meets monthly to administer the general affairs and funds of the Hospital.	The House Committee consists of 16 members of the General Committee, including the two representatives of the Medical Committee. It meets weekly to investigate and control the general economy of the Hospital. 3 members form a quorum.	The Finance Committee consists of 10 members of the General Committee. It meets at least once a month to examine and supervise all the accounts of the Hospital, &c. 3 members form a quorum.	The Medical Committee is composed of the Honorary Medical Staff. It determines its own times of meeting, and appoints its own Secretary and two representatives to serve on the Committee of Management. It resolves all professional questions which may arise, and assists the Committee of Management with advice on such matters.	Donors of 30 guineas and upwards are Life Governors. Annual subscribers of 3 guineas and upwards are Annual Governors.	They are entitled to recommend patients, and to vote at the meetings of the General Council.	There is a Ladies' Association conected with the Hospital, to collect funds for three purposes: the general purposes, building, and Samaritan. In 1890 £60. 8*s.* 11*d.* were defrayed by the Association for Samaritan purposes.	Physicians must possess the degree of M.D. or M.B., obtained by examination at a British University, and must be F.R.C.P. or M.R.C.P. of London, or of Edinburgh or of Dublin. The Surgeons must be F.R.C.S. of England. They are elected by the Committee of Management, and they must retire at the age of 65 or after 20 years' service on the full Staff.	*Nil.*
Metropolitan - - -	1836	The Governors meet annually about March; 10 days' notice of the meeting must be given through the medium of an advertisement in two London morning papers. 7 Govrenors form a quorum.	A Special Meeting may be summoned by the President, by the Treasurer, or by the Committee, at the written request of not less than 12 Governors. The same notice to be given as for an ordinary meeting.	The Committee of Management consists of not less than 12 nor more than 24 Governors, elected by the Annual Meeting, in addition to the President, Treasurer, Trustees, and 4 members of the Medical and Surgical Staff, who are members of the Committee *ex-officio*. 3 members of the Committee form a quorum. It meets once a month and directs the ordinary affairs of the Hospital.	The House Committee consists of 7 members of the Committee of Management. It meets every week and conducts the routine work of the Hospital. 3 members form a quorum.	The Finance Committee is appointed by the Committee of Management, and consists of three Governors, who have all the accounts of the Hospital referred to them for examination and approval. 3 members form a quorum.	The Medical Committee is composed of all the members of the permanent Staff. It meets when required, and consults on the medical business of the Hospital. It appoints a Drug Sub-Committee.	Subscribers of 1 guiner are Governors. Donors of 10 guineas are Life Governors.	Life Governors have 2 votes on all occasions. Subscribers of 1 guinea have 1 vote, and another for every additional guinea, but not exceeding 4 votes in all.	This Hospital has no separate Samaritan Fund.	Physicians and Assistant-Physicians must be Fellows or Members of the Royal College of Physicians, London, and Graduates in Medicine of a University recognised by the General Medical Council. Surgeons and Assistant-Surgeons must be Fellows of the Royal College of Surgeons of England, and not engaged in general practice. They are elected by the Committee of Management, and must retire at 65 years of age.	*Nil.*

F.—General Hospitals without Schools in the Metropolis.—Notes respecting their System of Government—*continued*.

E.	FOUNDED.	COURTS.		COMMITTEES.				GOVERNORS.		SAMARITAN FUND.	MEDICAL AND SURGICAL STAFF.	INSTRUCTION.
		Annual.	Special.	Management.	House.	Finance.	Medical Council.	Qualification of.	Privileges of.		Qualifications and Elections of.	
- - -	1856	The General Meetings of the Governors are held in February and August for the transaction of general business. Notice of these meetings to be sent to each member of the Committee of Management, and advertised in one or more newspapers. 7 Governors form a quorum.	Special General Meetings can be summoned upon a requisition signed by six members of the Committee of Management, notice being given in the usual manner.	The Committee of Management consists of the President, Vice-Presidents, Trustees, Treasurers, Consulting Physicians, Consulting Surgeons, the Senior Physician and Senior Surgeons (*ex-officio*) being Governors, and 15 or more Governors elected at the Annual Meeting in February. It meets monthly. 5 Governors form a quorum. It appoints a House Committee, a Finance Committee, and such other Sub-Committee as it may think expedient.	The House Committee meets weekly, and, under the control of the Committee of Management, conducts the routine work of the Hospital. 3 members form a quorum.	The Finance Committee meets weekly, and has before it all the accounts of the Hospital; checks them and places them before the House Committee for approval. 3 members form a quorum.	The Medical Council is composed of the members of the Honorary Staff. It meets when necessary to conduct the work of the Medical Department, under the control of the Committee of Management. 3 members form a quorum.	Subscribers of 1 guinea are Governors, and donors of 10 guineas are Life Governors.	Governors and Life Governors are entitled to recommend 8 out-patients annually for each guinea subscription or 10 guinea donation, or may recommend 1 in-patient in lieu of 16 out-patients.	£1. 18*s.* has been expended in 1890, leaving a balance credit of £18. 6*s.* 3*d.*	Physicians and Assistant Physicians must be Fellows or Members of the Royal College of Physicians of London, and must not practice as Apothecaries. Surgeons and Assistant-Surgeons must be Fellows of one of the Royal Colleges of Surgeons of London, Edinburgh, or Dublin, and must not practice Midwifery or Pharmacy. They are elected by the Committee of Management. There is no regulation as to the retiring age.	Pupils accompany the members of the Staff at their visits, and the cases in the Hospital are frequently made use of at meetings of the West London Medico Chirurgical Society, which take place monthly at the Hospital.
NSTITUTION,	1863	The management of the Institution is under a Director and a Lady Superintendent, who act under a Council and Trustees.	*Nil.*	The object of the Institution is the training of Christian women to serve as Deaconesses, *i.e.*, as working, teaching, and nursing Sisters, but who shall not be subject to any obligation or vow of cellibacy.	*Nil.*	*Nil.*	*Nil.*	*No information given on these points.*		This Institution has no separate Samaritan Fund.	The Medical Officers are proposed by the Director, elected by the Medical Staff, and confirmed by the Council.	The Deaconesses are instructed in bandaging, Physiology, Anatomy, and the outlines of Surgery during the winter months.
ANCE - -	1873	The Annual General Meeting takes place in the first six months in the year Notice of the meeting is given 14 days before, by circular, to each Governor, or by advertisement in three papers. The Governors receive the Report and Balance-sheet.	Special General Meetings may be convened at any time, on the order of a General Meeting of the Governors, or of the Board, or upon a written requisition signed by 25 Governors. 7 days' notice must be given.	The Board of Management is composed of 12 Governors, who are total abstainers, elected by the General Meeting of Governors. The Board Meetings are held at such time as they may determine. 4 members form a quorum. The entire control of the affairs of the Hospital is vested in the Board.	No mention is made of a House Committee.	No mention is made of a Finance Committee. The Treasurer, who is always a total abstainer, receives and pays away all moneys. The 2 Auditors, also total abstainers, are elected annually.	The Visiting Medical Officers shall be *ex-officio* a standing Medical Committee, and meet from time to time and report to the Board on medical matters. The Committee shall appoint one of its number to represent it at the ordinary meetings of the Board.	Annual subscribers of 1 guinea and donors of 10 guineas in one year are Governors. Donors of 20 guineas in one year are Subscription Life Governors.	Governors can recommend 1 in-patient and 6 out-patients each year for every subscription of 1 guinea or donation of 10 guineas, and can be present and vote at all General Meetings.	£21. 4*s.* 10*d.* were expended, leaving the Funds with a balance credit of £13. 11*s.* 3*d.*	The Physicians must be Doctors of Medicine of one of the Universities of the United Kingdom, or members of the Royal College of Physicians of London, and hold a registrable qualification in Surgery. The Surgeons must be Fellows of the Royal College of Surgeons of England, or Masters in Surgery of the University of London, and hold a registrable qualification in Medicine. Physicians and Surgeons must not practice Midwifery, or Pharmacy. They must reside within two miles of the Hospital. They are elected by the Board of Management, and must retire at the age of 65.	*Nil.*
THIC - -	1849	The Annual General Meeting of Governors and Subscribers takes place in April; notice to be given by public or other advertisement. Its duties are to elect or re-elect members of the Board of Management, &c.	Special Meetings are convened for any exceptional business, and also on a requisition signed by not less than 5 Governors. The usual notice to be given.	The Board of Management is composed of not less than 12 Governors, or subscribers of not less than 1 guinea, or donors of not less than 20 guineas. It meets once a month, and 3 members form a quorum. The Board appoints a House Committee and other Sub-Committees, and receives their reports.	The House Committee meets weekly; it is composed of 9 members of the Board, and conducts the general business of the Hospital.	There is no Finance Committee, but a Sub-Treasurer is appointed, whose duty it is to sign receipts for the donations and subscriptions to the Hospital funds, check all accounts, and to lay before the Board monthly a statement of the receipts and expenditure of the Institution from the beginning of the current year to the end of the month previous.	The Medical Council consists of such members of the British Homœopathic Society as may be appointed by the Board. Its duty is to advise the Board, when called upon to do so, in all matters relating to the medical affairs of the Hospital.	Every subscriber of 3 guineas or upwards is an Annual Governor, and every donor of 30 guineas is a Life Governor.	Governors and Life Governors are entitled to have 3 in-patients annually and 3 out-patients monthly treated at the Hospital, and also to 3 votes. Subscribers of 1 guinea can have 1 in-patient annually and 1 out-patient monthly treated at the Hospital, and 1 vote.	£37. 2*s.* 4*d.* were disbursed in the year ending March 31, 1890, leaving a balance credit of £1. 18*s.* 4*d.* This Hospital has a Convalescent Home of its own at Eastbourne.	The Medical Officers of the Honorary Staff must be Fellows or Members of the British Homœopathic Society. They are appointed by the Board of Management on the recommendation of the Medical Council, the appointments being subject to confirmation by the Governors and Subscribers at the Annual General Meeting. No retiring age is specified in the Regulations.	Instruction is given at the bedside, and in the Out-patient Department. The fees, &c., are paid out of a special fund for the purpose. The total amount paid to the Lecturers and Clinical Teachers in 1890 was £16. 16*s.*
DON - -	1878	An Annual General Court is held each year in February or March, of which notice is given by circular sent to every Governor 7 days previously. The Report and Balance-sheet of the last year is submitted to its approval. 7 Governors form a quorum.	Special General Courts may be convened by the Committee of Management whenever they think fit, or on the written requisition of not less than 10 Governors. Notice must be given as for Annual General Courts.	The Committee of Management is composed of not less than 12 or more than 24 elected members who are Governors, in addition to Members *ex officio*. The general management of the affairs of the Hospital is vested in this Committee; 3 members of which, in addition to any of the Founders who may be present, form a quorum.	The House Committee consists of 7 members of the Committee of Management, in addition to a delegate from the Medical Committee. It meets from time to time, and has a general superintendence over the Hospital. 2 members form a quorum.	The Finance Committee consists of 5 members, appointed by the Committee of Management. It meets at least once a month, and examines all accounts, and reports thereon to the Committee of Management, previous to directions being given for their payment. Three members form a quorum.	The members of the medical Staff form a Medical Committee, which meets every month. They consider and report upon the medical affairs of the Institution. They nominate one of their number to be their delegate on the Committee of Management. 3 members form a quorum.	Every subscriber of 1 guinea annually is eligible to be a Governor, and a donor of 5 guineas is eligible to be a Life Governor.	A Governor subscribing 1 guinea has the privilege of recommending 4 out-patients annually. Subscribers of 2 guineas and Life Governors can recommend 1 in-patient and 4 out-patients.	£12. 13*s.* 7*d.* were spent in giving relief to 21 cases in 1890, leaving a balance credit in the "George Sturge" Samaritan Fund of £39. 2*s.* 4*d.*	Every Physician and Assistant-Physician must be a Graduate in Medicine of a University in the United Kingdom, and must also be a Fellow or Member of the Royal College of Physicians of London, not practising Midwifery or Pharmacy. Every Surgeon and Assistant-Surgeon must be a Fellow of the Royal College of Surgeons of England, not practising Midwifery or Pharmacy. They are elected by the Committee of Management. No retiring age is fixed.	*Nil.*

G.—General Hospitals without Schools in the Metropolis.—Notes with respect to the Beds, Wards, Patients, &c.

NAME OF HOSPITAL.	BEDS.										WARDS.	IN-PATIENTS						OUT-PATIENTS AND CASUALS								Arrangements made to Prevent Abuse of the Out-patient and Casualty Departments.	System of Admission.
	Total Number of Beds	Total Number in Use	Total Number Unoccupied for Want of Funds	Average Number Left Unoccupied for Necessary Hospital Work, Repairs, Cleansing, &c.	Average Daily Number of Occupied Beds	Cost of Occupied Bed and Methods of Calculating it	Number of Medical	Number of Surgical	Number for Specialties	Number of Isolation	Number of Paying	Number of Wards and Number of Beds in each, and Number of Nurses in each Ward by Day and by Night	Number of In-patients in 1890	Cost of Each, and Method of Calculating	If Payment is Received from	What Number of Paying	What are the Amounts Charged	What Sum was Received from this Source in 1890	Are they expected to Provide Themselves with any Articles of Clothing or Food, or to Pay for Washing?	Total Number of Out-patients in 1890	Total Number of Out-patients' Attendances in 1890	Total Number of Casualties in 1890	Total Number of Casualty Attendances in 1890	Cost of Out-patient and Casualty Patient, and Method of Calculating it	If Payment is Received from Out-patients	If Payment is Received from Casuals	What is the Sum Charged?	Amount Received from Out-patients and Casuals in 1890		
ROYAL FREE - - -	160	160	*Nil.*	10 to 20 beds kept ready for emergencies.	134	£66. 11*s.* Take the ordinary expenditure for the year, less 1*s.* 8*d.* for each Out-patient, and divide the amount by the daily average number of beds occupied.	88	60	Accidents, 16. Gynæcological, 12. Ophthalmic, 6. Total, 34.	8	*Nil.*	13 Wards. 9 with 16 beds each. 1 „ 6 „ 3 „ 8 „ together. 1 Staff Nurse and 1 or 2 Probationers for each Ward of 16 beds, with extra help as required, by day. 1 or 2 Nurses for each Ward as required by night.	2,138	£1 6*s.* 8*d.* Take the ordinary expenditure, less cost of Out-patients; divide the amount by the total number of In-patients received during the year.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	They provide tea, butter, and sugar, and their own personal washing; if too poor, these articles are provided by the Hospital.	17,263	51,789	10,604	31,512	1*s.* 3*d.* By a careful calculation of the expenses incurred in respect of Out-patients, viz., cost of drugs, printing, &c., attendances of dispensers, porters, &c., gas, firing, water, &c., keeping Out-patient rooms in order and repair cleaning, &c.	No.	No.	*Nil.*	*Nil.*	The numbers are limited to 25 Medical and 30 Surgical new cases each day. All patients are seen by a lay official, who inquires into their circumstances, means, &c. Patients are never rejected without the above inquiries and a subsequent interview with the Secretary.	There are no letters of admission for In- or Out-patients. Urgency the only recommendation.
MILLER MEMORIAL - -	23	23	*Nil.*	Unable to leave any unoccupied.	20	£69. 9*s.* 3*d.* Divide the cost of the beds by the average number daily occupied. The cost of the beds is taken as £1,389 5*s.* 4*d.*	*No information given on these points.*					3 Wards. 2 with 10 beds each. 1 „ 3 „ 1 Nurse and Probationer to 13, and the same to 10 beds, and part of Out-patient Department by day. 1 Nurse to 23 beds by night.	208	£6. 13*s.* 7*d.* Divide the cost of the 20 beds by the total number of patients who occupied them.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	They are expected to provide their own clothing and washing, but no article of food.	11,124	26,600	1,974	5,922 estimated.	3*s.* 9*d.* This is estimated, the cost of the Out-patient department being stated to be £2,093. –*s.* 1*d.*, which includes the expenses of 732 midwifery cases, and those of a branch at Lee, and depôts at Woolwich and Charlton.	No.	No.	*Nil.*	*Nil.*	*No information given on this point.*	Both In- and Out-patients are admitted by Governors' letters. Accident cases are admitted at all times without letters of recommendation, at the discretion of the Medical Officer in residence.
GREAT NORTHERN CENTRAL.	72	72	*Nil.*	The pressure on the accommodation is so great that only 1 or 2 beds can be kept free.	63	£69. 11*s.* 10*d.* Deduct from total ordinary expenditure the cost of Out-patients, and divide by average daily number of beds occupied.	28	40	Gynæcological, 3. Ophthalmic, 1.	Special Wards are used. 4 Beds.	*Nil.* Pay wards are being built.	7 Wards. 2 with 22 beds each. 1 „ 24 „ 4 „ 1 „ „ 1 Sister and 3 Probationer Nurses to each large Ward by day; and 1 nurse to each big Ward by night.	992	£4. 8*s.* 4½*d.* Deduct from the total ordinary expenditure the cost of Out-patients, and divide by number of in-patients.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	They provide their own tea, butter, and sugar, and the washing is done by their friends. If patients are too poor the hospital provides these articles.	15,305	45,022	3,448	9,356	1*s.* 10*d.* Take cost of drugs (reckoning same for In- and Out-patients) and add to the amount the proportionate cost for salaries, wages, repairs, &c.	Yes.	Yes.	*Nil.*	£363 3*s.* 8*d.* Given voluntarily.	A special officer inquires into the social position of each patient, and all who can afford to pay a private practitioner are refused treatment unless recommended by a medical man. Patients are rejected, on their own evidence, and from inquiries made of employers, medical attendants, or club doctors.	There are no letters of admission for In- or Out-patients. Patients are admitted by Medical Officer on duty.
METROPOLITAN - - -	160	78	82	*No information given on this point.*	66	£94. 18*s.* Divide total In-patient expenditure by the average number of daily occupied beds.	36	38	Gynæcological, 4.	Special Wards are used. 4 Beds.	No number is reserved.	5 Wards. 2 with 24 beds each. 1 „ 18 „ 2 „ 6 „ „ 1 Sister, 2 Nurses and 2 Probationers to the large Wards, 1 Nurse and 1 Probationer to the small, by day; and 4 Nurses and 4 Probationers to the whole of the Wards, by night.	709	£8. 17*s.* 2*d.* Deduct from total ordinary expenditure the cost of the Out-patients, and divide by number of In-patients.	Yes.	47	No particular amount.	£64. 3*s.* 3*d.*	If they can afford it they provide their own night clothes.	17,000	66,000	No record.	No record.	1*s.* 6*d.* Estimate only.	Yes. Provident payments. Subscribe weekly in health and sickness.	No.	14,000 free 3,000 pay 1*d.* a week if adults, ½*d.* if children.	£670. 4*s.* 7*d.*	*No information given on this point.*	There are no letters of admission for In- or Out-patients. Patients are admitted by Medical Officer on duty.
WEST LONDON - - -	101	101	*Nil.*	*No information given on this point.*	94·48	Average of the 3 years ending 1890 was £41. 15*s.* 5*d.* Deduct from total ordinary expenditure the cost of Out-patients, and divide by number of beds in daily occupation.	41, including Gynæcological.	54, including Ophthalmic.	6	Special Wards are used. 6 Beds.	*Nil.*	9 Wards. 1 with 24 beds. 1 „ 16 „ 2 „ 15 „ each. 1 „ 14 „ 1 „ 11 „ 1 „ 3 „ 1 „ 2 „ 1 „ 1 „ 3 Nurses to the largest Ward, 2 the others, except the three very small ones, which have 1 Nurse each by day; 1 Nurse to each Ward by night.	1,530	£3. 2*s.* 6*d.* Divide cost of In-patient department (stated as £4,808 14*s.* 6*d.*) by number of In-patients.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	They provide their own butter, but no other food. They are expected, if able, to provide a change of body linen, but are not charged for the washing.	2,607	66,094	3,532	15,491	1*s.* 1·55*d.* The cost of Out-patients (stated to be £1,373. 0*s.* 4*d.*) is divided by number of Out-patients.	No.	No.	*Nil.*	*Nil.*	It is nobody's duty to make these inquiries, but the Secretary has inquired from the patients themselves, and generally found they were eligible for gratuitous Hospital treatment. See Q. 20,382, 3 and 4 Evidence.	A Governor's letter is not essential to admission of an In-patient, but of an Out-patient. A patient with a letter receives immediate attention, whereas he who comes without one is liable to be sent away without being seen. If he is without a letter, he is referred to the Medical Officer for immediate treatment, he receives it, but once only, and is instructed to obtain a letter for further treatment he can only be seen on production of a letter.
DEACONESSES' INSTITUTION, TOTTENHAM.	70 and 32 private patients.	70	14	12	59	£55. 5*s.* Deduct from total income; Probationers' cost not occupied in Hospital, Deaconesses' expenses otherwise occupied than in Hospital, and Out-patients' expenses.	22	48	*Nil.*	*Nil.*	33	8 Wards. 1 with 20 beds. 1 „ 19 „ 1 „ 14 „ 2 „ 12 „ each. 3 „ 1 „ 3 Nurses to the bigger Wards by day, and 1 Nurse by night.	748	£1. 1*s.* 9*d.* Number of days in hospital, 745 patients, 20,440; average each patient, 27½; average number in Hospital, 56. After the above-mentioned deduction remains for Hospital use £3,100 15*s.* 5*d.*	Yes.	33	From 1 to 5 guineas.	£338. 14*s.*	They only have to pay for their washing.	6,783	20,349 including casualties.	Included in Out-patient attendances.		10*d.*	Yes.	No.	3*d.*	£157.	Each patient is closely examined before receiving admission paper, as regards circumstances and earnings. As a rule, none are admitted whose income is above £2 a week. The fee is sometimes remitted by a Deaconess; but a patient is scarcely ever rejected.	No letters are required for admission of Out-patients.
LONDON TEMPERANCE -	110	78	32	22	56	£88. 8*s.* Deduct estimated proportion for Out-patients and Casualties from expenditure, and divide remainder by number of beds occupied.	40	35	Ophthalmic, 3.	2	No number reserved.	8 Wards. 5 with 17 beds each. 2 „ 12 „ „ 1 „ 2 „ 1 Sister, 2 Nurses and 2 Probationers to a big Ward, by day; and 1 Nurse by night.	753	£6. 11*s.* 8*d.* Deduct from expenditure an estimated sum for Out-patients and casualties, and divide remainder by number of In-patients treated.	Yes.	12	From 5*s.* to £2. 2*s.* a-week.	£60. 18*s.* 7*d.*	They are expected to provide change of linen, towels, soap, brush and comb. Linen clothes are lent to patients without any of their own.	3,280	Probably 13,120.	1,752	Probably 3,064.	3*s.* 10*d.* and 1*s.* Take the amount estimated for Out-and Casualty patients, viz., 1*s.* per attendance, making allowance for only 1 attendance of Casual, divide remainder by number of Out-patients.	Yes.	No.	From 2*d.* to 2*s.* a week.	£109. 19*s.* 8*d.*	These matters are left to the discretion of the Visiting Staff (Medical and Surgical).	Governors' letters are required for admission of Out-patients, but very ill are admitted by Medical Officer without a letter.
LONDON HOMŒOPATHIC -	90	70	And other reasons. 20	*No information given on this point.*	66	£74. 2*s.* The cost of each patient, £8. 14*s.* multiplied by 4 weeks' average stay in the Hospital.	4	2	Gynæcological, 1. Ophthalmic, 1.	1	*Nil.*	8 Wards With from 7 to 14 beds in each; one has 1 bed only. 2 Nurses to a Ward by day; 1 Nurse to a floor by night, except Children's Ward, which has 1 or 2 Nurses.	798	£5. 14*s.* Deduct estimated cost of Out-patients (£576.) from the total expenditure for ordinary maintenance (£5,127.); and divide remainder by number of In-patients.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	They provide a change of linen, towels, soap, brush and comb; also tea, butter, and sugar, unless they are too poor, when the Hospital supplies them with these articles.	About 10,000, counting renewals.	About 23,000.	34	Not recorded.	2*s.* Estimated in agreement with Hospital Sunday Fund calculations.	Yes.	No.	1*s.* registration fee on entry and on every monthly renewal. Registration fee is necessary, except from the destitute.	£400. 9*s.*	Inquiries are made sometimes by the Dispenser and Medical Officers, with reference to the Secretary Superintendent.	Letters are not necessary for In-patients; the latter pay a registration fee.
NORTH-WEST LONDON -	47	47	*Nil.*	*No information given on this point.*	43	£64. 5*s.* By deducting from the ordinary expenditure the cost of the Out-patient department, and dividing by the number of beds in daily occupation.	22	22	Ophthalmic, 2. Skin, 1.	*Not given.*	*Nil.*	3 Wards. 1 Nurse and 1 Probationer to each Ward by day; 1 Nurse to Men's Ward by night, and 1 Nurse for Women's and Children's Wards adjoining.	665	£4. 7*s.* Divide cost of bed by number of patients occupying the bed.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	They are expected to bring night-shirt, towels, comb and brush, knife, fork, and spoon, but this is not compulsory.	16,402 including casualties.	40,920 including casualty attendances.	No separate record.	No separate record.	11*d.* By allowing a proportionate part of Dispenser's salary, porter's wages, drugs, lighting and warming, and rent, to cost of Out-patients. This can only be an approximate apportionment.	Yes.	Yes.	No fixed charge. Those not provided with subscribers' letters are asked to give what they can afford.	£107. 8*s.* 1*d.*	One of the Ladies in residence is usually in the Out-patients' waiting-room to investigate cases. Out-patients are never rejected. A doubtful case would be seen once, and required to bring a subscriber's letter, or a certificate from a Minister of religion of inability to pay for treatment. Subscribers are understood to give letters to necessitous cases only.	Letters are not necessary for In-patients. The latter who are provided with letters pay 6*d.* for their treatment.

H.—General Hospitals without Schools in the Metropolis.—Notes on Nursing.

	No. of Beds in use.	Average No. of Occupied Beds.	NO. OF NURSING STAFF AND THEIR SALARIES.	HOURS ON DUTY.	HOURS OFF DUTY AND ANNUAL HOLIDAY.	MEAL HOURS.	By whom the Nursing Staff are Appointed and Dismissed.	Length of Service of Nurses and Probationers, and No. under each year and when Certificates are granted.	The Matron and her Assistants, their Duties and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	Total No. of Nursing Staff and proportion of Nurses to Patients.	Sleeping Accommodation.	Pensions.	PRIVATE NURSING INSTITUTION.			
																No. of Nurses.	Wages.	Charge to Public.	Length of Training required.
- - -	160	134	1 Matron - £100 a year, board, lodging, and washing. 10 Staff Nurses £23 to £35 a year, board, lodging, washing, uniform, and beer. 10 Nurses - £20 to £23 a year, board, lodging, washing, uniform, and beer. 20 Ordinary Probationers: 1st year, £10; 2nd year, £14; 3rd year, £20, board, lodging, washing, uniform and beer. 2 Special Probationers pay £1 1s. a week for board and lodging.	Staff Nurses, 7 a.m. to 8.30 p.m. Nurses and Probationers: Day duty, 7 a.m. to 8.30 p.m. Night duty, 9 p.m. to 8.30 a.m.	STAFF NURSES. 2 hours daily, 2½ hours for meals, &c. ANNUAL HOLIDAYS. About 17 days at one time and 4 extra days each year. NURSES AND PROBATIONERS. 2 hours daily, 2½ hours for meals; 4 hours once each month; 1 day off each month, and 6 hours off every 3 months. Annual holidays the same as Staff Nurses.	STAFF NURSES. Breakfast 7 a.m. Lunch in the Wards. Dinner 12 noon. Tea 4.30 p.m. Supper 8–9 p.m. ½ hour for dinner. About ½ hour other meals DAY NURSES AND PROBATIONERS. Breakfast 6.40–7. Lunch 9 a.m. Dinner {12 noon. / 12.45 p.m. Tea 4.30 p.m. Supper 8–9 p.m. Same time for meals as Staff Nurses. ON NIGHT DUTY. Breakfast 8.30 p.m. Dinner 9.30 a.m.	The Weekly Board, on the recommendation of the Lady Superintendent.	STAFF NURSES. 2 with 7 years 2 „ 6 „ 5 „ 5 „ 1 „ 3 „ NURSES AND PROBATIONERS. 12 with 3 years. 13 „ 2 „ 2 „ 1 „ 5 under 1 year. Nurses are granted Certificates only after 3 years' service and passing examination.	The Matron or Lady Superintendent has charge of all the nursing arrangements. She visits the wards daily, and generally more often. There are no Matrons' Assistants or Night Superintendents. The Lady Superintendent has an annual holiday of 1 month.	There are usually 13 Nurses and Probationers on night duty, but they are not permanent Night Nurses, but all the Nurses take the duty for 3 months in rotation.	Are promoted to be Nurses after 3 years' training. They are placed on night duty in their second year of service. They are eligible for Staff Nurses.	Are taken for 6 months' training, and pay a guinea a week for their board and lodging. There are only 2 in the Hospital, which is the number allowed by the Committee. They are not regularly put on night duty, but if competent, may occasionally be so employed. They can become Staff Nurses, but only after 3 years' training.	27 Nurses and Probationers by day, and 13 Nurses and Probationers by night. Proportion of Nurses to Patients, taken day and night, 1 Nurse to 3·35 Patients.	Each Nurse has a separate cubicle.	No system at present, but a scheme is under consideration by the Board in connection with the Royal National Pension Fund.	12	£26 to £32, with a bonus in addition to salary for 1st year £5 2nd „ £10 3rd „ £15 4th „ £20	£1 11s. 6d. to £3 3s. a week.	She must have served 2 years and passed the examination.
- - -	23	20	1 Matron - - - - - £50, board and lodging. 4 Nurses - - - - - *No salaries stated.* 2 Special Probationers, who pay £25.	Day Nurses 7 a.m. to 9 p.m. Night Nurses 9 p.m. to 9 a.m. Special Probationers 8.30 a.m. to 9 p.m.	NURSES. 2 hours daily; alternate Sundays 2 to 10 p.m.; a whole day every month. An annual holiday of 2 weeks. SPECIAL PROBATIONERS 2 hours daily and from 2 to 10 p.m. every week.	DAY NURSES. Breakfast 7 to 7.15 a.m. Lunch 9 to 9.30 a.m. Dinner 12 to 12.30 p.m. Tea 4.30 to 5 p.m. Supper 9 p.m. NIGHT NURSES. Breakfast 8.30 p.m. Ward Meal 1 a.m. Dinner 9 a.m. SPECIAL PROBATIONERS. Breakfast 8 p.m. Dinner 12.30 p.m. Tea 4.30 p.m. Supper 9 p.m.	The General Committee on the recommendation of the Matron.	NURSES. 2 with 1 year. 2 „ 3 months. Certificates granted after 2 years' service.	The Matron has charge of the nursing and housekeeping. She visits each ward constantly, and has an annual holiday of 3 weeks. She has no assistant. There is no Night Superintendent.	There are no permanent Night Nurses but 2 Nurses take night duty for 3 months at a time.	*Nil.*	Are taken for 2 years unless specially arranged otherwise. There are 2 in the Hospital, which is the number allowed by the Committee. They are not put on night duty.	4 Nurses.	*No information given on this point.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
CENTRAL	72	63	1 Matron - - - £80, board and lodging. 1 Day Superintendent Sister - - - £30 „ „ uniform and washing. 1 Night Superintendent Sister - - - £30, board and lodging, uniform and washing. 4 Sisters - - - £30, board and lodging, uniform and washing. 12 Probationers, 3rd year £20, board and lodging, uniform and washing. „ 2nd year £10, board and lodging, uniform and washing. „ 1st year They pay £10 for board and lodging.	Sisters 7 to 9 p.m. Probationers 7 to 9 p.m. Ditto Night 9 p.m. to 8.30 a.m.	SISTERS. 2 hours daily; one whole day every month, and an annual holiday of 3 weeks. PROBATIONERS. 2 hours daily; one whole day every month, and an annual holiday of 2 weeks.	SISTERS. Breakfast 6.30 a.m. Lunch 9 a.m. Dinner 12.30 p.m. Tea 4 p.m. Supper 9 p.m. PROBATIONERS' DAY DUTY. Breakfast 6.30 a.m. Lunch 9 a.m. Dinner 1 p.m. Tea 5 p.m. Supper 9 p.m. PROBATIONERS' NIGHT DUTY. Breakfast 8.30 p.m. Ward Meal 1 a.m. Dinner 8.30 a.m.	The House Committee.	SISTERS. 1 with 18 years. 2 „ 3 „ 1 „ 2 „ PROBATIONERS. 2 under 3 years' service. 6 „ 2 „ 4 „ 1 „ Certificates are granted after 2 years' training.	The Matron has charge of the nursing and housekeeping. She visits every ward daily. She is assisted by a Day and a Night Superintendent Sister, the former of whom superintends the linen and scrubbery, attends Nurses at mealtimes, and acts in absence of Matron. The latter superintends the nursing, and receives accidents at night. The Matron has an annual holiday of one month, the two superintendents three weeks each.	There are no permanent Night Nurses. 3 Probationers are on night duty for 3 months at a time. The Night Superintendent Sister is only on this duty for 3 months at a time, changing with the Day Superintendent Sister.	They are placed on night duty after 9 months' service. They can become Sisters after 2 years' training.	*Nil.*	2 Superintendent Sisters, 4 Sisters, and 12 Probationers.	Mostly a separate bedroom for each—4 bedrooms with 2 in each.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
- -	78	66	1 Matron (Sister Superior All Saints'). 1 Night Superintendent (Sister All Saints') - £5, washing. 3 Sisters (Sisters All Saints') - - £3, „ 17 Nurses - - £24, board, lodging £4 10s. „ 13 Probationers - „ „ „ „ The contract is for 1 Nurse to 5 patients.	Sisters 7.30 to 9 p.m. Nurses and Probationers by Day 7.30 to 9 p.m. Nurses and Probationers by Night 9 p.m. to 8.30 a.m.	SISTERS. 2 afternoons and 1 evening a week. Saturday night to Monday morning once a month. NURSES AND PROBATIONERS. 4 hours once a week. 2 hours twice a week. 1 Sunday a month. 3 to 4 hours on other Sundays. The annual holidays for Sisters, Nurses, and Probationers is one calendar month.	The meal hours are as follows for SISTERS, DAY NURSES, AND PROBATIONERS. Breakfast 7 a.m. Lunch {10 a.m. / 12.30 to 1 p.m. Dinner 1 to 1.30 p.m. Tea {4 to 4.30 p.m. / 4.30 to 5 p.m. Supper 8.15 to 9 p.m. NIGHT NURSES AND PROBATIONERS. Breakfast {8.15 to 9 p.m. / 12 to 1 a.m. Ward Meals 6 a.m. Dinner 9 a.m.	The Sister Superior.	SISTERS. 1 with 3 years. 1 „ 2 „ 1 „ 3 months. NURSES. 10 with 3½ years. 7 „ 2 „ PROBATIONERS. 4 under 2 years. 9 „ 1 „ Certificates are granted after 3 years' training.	The Matron (Sister Superior) has entire charge of the nursing and female servants; she visits every ward daily; she is assisted by a Night Superintendent. The annual holiday for the Matron and Night Superintendent is one month each.	The Night Superintendent has charge of the night nursing. There are no permanent Night Nurses, but the duty is performed by 8 Nurses and Probationers. The Nurses are on this duty for 2 months at time, the Probationers for 3 months in their first year.	They are promoted to be Junior Nurses after 1 year, but not put in charge of a ward until 2 years. They are put on night duty after 3 or 4 months' service.	Are usually trained for 1 year. There are 2 now training in the Hospital. They do not generally train long enough to become Ward Sisters.	1 Night Superintendent, 3 Sisters, 17 Nurses, 13 Probationers. Proportion of Nurses to Patients is 1 to 4½ by day, and 1 to 10 by night.	Each Sister and 6 Nurses have separate bedrooms. The rest of the staff have either cubicles or curtained partition of room.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*

H.—General Hospitals without Schools in the Metropolis.—Notes on Nursing—*continued.*

	No. of Beds in use.	Average No. of Occupied Beds.	NO. OF NURSING STAFF AND THEIR SALARIES.	HOURS ON DUTY.	HOURS OFF DUTY AND ANNUAL HOLIDAY.	MEAL HOURS.	By whom the Nursing Staff are Appointed and Dismissed.	Length of Service of Nurses and Probationers and No. under each year and when Certificates are granted.	The Matron and her Assistants, their Duties and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	Total No. of Nursing Staff and Proportion of Nurses to Patients.	Sleeping Accommodation.	Pensions.	PRIVATE NURSING INSTITUTION.			
																No. of Nurses.	Wages.	Charge to Public.	Length of Training and Term of Engagement.
WEST LONDON - - -	101	94·45	1 Matron - - - £60, board and lodging. 4 Head Nurses - - £28, rising £2 annually to £36. 10 Nurses, if trained in the Hospital, £20, rising £2 annually to £30. If newly engaged with more than 18 months' training at other Hospitals, £24, rising £2 annually to £30. 12 Probationers - - - £12 for 17 months.	Head Nurses 8 a.m. to 8 p.m. Day Nurses 6.30 a.m. to 8 p.m. Night Nurses 8 p.m. to 8.30 a.m.	The arrangements as to 'Hours off duty' are common to all Nurses. DAY NURSES. From 8 p.m. to 9.30 p.m. every evening. From 5 to 9.30 or 10 p.m. 1 evening a week, 1 hour daily during duty. 3 hours on Sundays. This includes, however, time for 1 meal. 1 whole day monthly. NIGHT NURSES. From 8.30 p.m. to 12 noon daily, but including breakfast and lunch. 1 night every month. Annual holidays, 2 weeks each. *Hours off duty not stated.*	HEAD NURSES, NURSES, AND PROBATIONERS ON DAY DUTY. Breakfast 7.30 a.m. Dinner { 12 to 12.30 p.m. / 12.30 to 1 p.m. Tea { 4.30 to 5 p.m. / 5 to 5.30 p.m. Supper 8 to 9.30 p.m. THOSE ON NIGHT DUTY. Breakfast 7.30 p.m. Ward Meals 11 to 11.45 p.m. Dinner 8.30 a.m.	House Committee on recommendation of Lady Superintendent.	HEAD NURSES. 1 with 17 $\frac{5}{12}$ years. 1 „ 7 $\frac{1}{12}$ „ 1 „ 1 $\frac{5}{12}$ „ 1 „ 1 $\frac{1}{12}$ „ ASSISTANT NURSES. 1 with 9 $\frac{1}{12}$ years. 1 „ 3 $\frac{11}{12}$ „ 1 „ 2 $\frac{4}{12}$ „ 1 „ 1 $\frac{10}{12}$ „ 3 „ 1 $\frac{1}{12}$ „ 2 newly appointed. 1 vacant. PROBATIONERS. 11 under 1 year's service. 1 under 2 years' service. Nurses must have at least 18 months' training at a General Hospital to be qualified.	The Lady Superintendent has entire charge of the nursing; she visits every ward daily. She has an annual holiday of one month. There is no Assistant Matron or Night Superintendent.	There are no permanent Night Nurses; 3 Nurses are on night duty for 3 months at a time.	They are promoted to be Nurses after 18 months' training. They are put on night duty after 3 months' training.	*Nil.*	The total number of Nurses is 26 of all grades, and the proportion of Nurses to Patients is, by day 1 to 4·8, by night 1 to 14·4.	The Head Nurses have separate bedrooms, the others sleep 2 or 3 in a room.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	
DEACONESSES' INSTITUTION, Tottenham.	70	59	1 Matron (Deaconess) - - £14, board and lodging. 1 „ Asst. (Deaconess) - - £14 „ „ 1 Night Superintendent (Deaconess) £14 „ „ 4 Sisters - - - (each) £14 „ „ 14 Day Nurses - - - „ £14 „ „ 4 Night „ - - - „ 3 Special Probationers, 1st year, pay £1 1s. a week; 2nd year, receive £4 a year.	Sisters 7.30 a.m. to 9 p.m. Nurses (Day) *not stated.* „ (Night) 10 p.m. to 6 a.m. Special Probationers 9 a.m. to 6 p.m.	*Hours off duty not stated.* Annual holiday for Nurses, 3 weeks.	DAY NURSES. Breakfast 7.15 a.m. Lunch 9.30 a.m. Dinner 1.15 p.m. Tea 5 p.m. Supper 9 p.m. NIGHT NURSES. Breakfast 5 p.m. Ward Meal 1 a.m. Dinner 7.15 a.m.	Lady Superintendent and Director.	*Periods of service not stated.* Two years' service is required before Nurses can be registered Deaconesses.	The Lady Superintendent has charge of the nursing. Her Assistant goes round with the Medical Staff and House Surgeon. The Night Superintendent looks after women's ward and superintends Probationers. The Lady Superintendent visits each ward daily. She takes her annual holiday as needed. The Assistant Matron and Night Superintendent have 3 weeks each, and more if needed, as an annual holiday.	There are 4 Night Nurses on duty for one month at a time.	The Probationers are employed on various duties. *No information given.*	Are taken for an uncertain period. There are 3 now in the Hospital; 5 are allowed. They are not placed on night duty, and after 3 years can become Deaconesses.	1 Assistant Matron, 1 Night Superintendent, 22 Nurses, 2 Special Probationers. *No information given as to proportion of Nurses to Patients.*	Very comfortable large rooms.	*Nil.*	3	*Nil.*	*No* charges. Voluntary.	At least
LONDON TEMPERANCE - -	78	56	1 Matron - - - - - £70, board and lodging. 4 Sisters - - - - - £27 „ „ 3 Day Nurses - - - - £20 „ „ 6 Night „ - - - - £25 „ „ £1 £14 „ „ 0 Special Probationers pay £30 a year.	Sisters 8 a.m. to 9 p.m. Day Nurses 7 a.m. to 9 p.m. Night Nurses 9 p.m. to 8 a.m.	SISTERS. 2 hours daily. DAY NURSES. 2 hours daily. NIGHT NURSES. 3½ hours. Annual holidays; For Sisters 1 month; Nurses 3 weeks to a month.	SISTERS. Breakfast 7.30 a.m. Lunch 10.30 a.m. Dinner 1 p.m. Tea 4.30 p.m. Supper 8.30 p.m. DAY NURSES. Breakfast 7.30 a.m. Lunch 10.30 a.m. Dinner 1.30 p.m. Tea 4.30 p.m. Supper 8.45 p.m. NIGHT NURSES. Breakfast 8.30 p.m. Dinner 10 a.m.	Lady Superintendent, subject to the approval of the Board of Management.	SISTERS. 1 with 5½ years. 1 „ 2½ „ 1 „ 4 months. 1 „ 1 month. NURSES. 1 with 5 years. 1 „ 4½ „ 1 „ 3½ „ 1 „ 1¼ „ 1 „ 9 months. 2 „ 6 „ 2 „ 4 „ *No information as to length of training before certificates are granted.*	The Lady Superintendent has sole charge of the nursing; she visits each ward daily. Her annual holiday is 6 weeks.	There are 6 permanent Night Nurses. They have an annual holiday of 3 weeks.	*Nil.*	Are taken for one year, exceptionally for a less time. They are only occasionally placed on night duty. They can become Sisters of Wards after 2 year's training.	*No information as to the proportion of Nurses to Patients.*	Each has a separate room.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	
LONDON HOMŒOPATHIC - -	70	65	1 Matron - - - £100 a year, board and lodging. 1 Night Nurse, in charge - £25 „ „ „ 3 Sisters - - - - £30 „ „ „ washing, and indoor uniform. 21 Nurses { after third year, £25 „ „ „ / „ tenth „ £30 „ „ „ 12 Probationers { first year £12 „ „ „ / second „ £18 „ „ „	Sisters 7 a.m. to 8 p.m. Nurses (Day) 7 a.m. to 8 p.m. „ (Night) 8 p.m. to 8.30 a.m. Probationers 7 a.m. to 8 p.m.	SISTERS. 2 hours daily. NURSES. 2 hours every second day. 1 day and night every month. PROBATIONERS. The same as Nurses. Sisters and Night Nurses have an annual holiday of 3 weeks. DAY NURSES & PROBATIONERS Annual holiday, 2 weeks by rule, but a third week is given at the Convalescent Home if required.	SISTERS. Breakfast 6.30 am. Lunch 9.45 a.m. Dinner 12.30 p.m. Tea 4.30 p.m. Supper 8 p.m. DAY NURSES AND PROBATIONERS. Breakfast 6.30 a.m. Lunch 10.30 to 10.45 a.m. Dinner 1 to 1.30 p.m. Tea 4.30 to 5 p.m. NIGHT NURSES. Breakfast 7.30 p.m. Dinner midnight.	By the House Committee, on the recommendation of the Lady Superintendent of Nurses.	SISTERS. 1 with 18 years. 1 „ 15 „ 1 „ 10 „ NURSES. 1 with 6 years. 7 „ 5 „ 3 „ 4 „ 5 „ 2 „ Certificates are granted after 3 years' training.	The Lady Superintendent of Nurses is in charge of the nursing and the female servants. *It is not stated how often she visits each ward.* Her annual holiday is one month. The Night Nurse in charge superintends the wards at night. She has 3 weeks' annual holiday.	There are 5 Nurses on night duty; they remain on for 6 months at a time. They are given 2 nights and a day off every month, and an annual holiday of 3 weeks.	There are 12 in the Hospital, all under 1 year's service. They are promoted to be Nurses after 2 years' training. They are put on night duty in their first year. They are eligible to become Sisters of Wards.	*Nil.*	3 Sisters. 1 Sister in night charge. 21 Nurses. 12 Probationers. 2 Nurses to a ward by day. 1 Nurse to a floor by night, except the Children's Ward, which has 1 or 2 Nurses by night.	Sisters have separate rooms; Nurses sleep in dormitories divided by curtains.	*Nil.* The matter is under consideration.	34	£25 after 3rd year. £30 „ 10th „ No bonus at present; the matter is under consideration.	One to two guineas, and two and a-half guineas for infectious cases.	1 year Nurse least term 1 to 3 7 2 20
NORTH-WEST LONDON - -	47	45	1 Lady Superintendent - Honorary, board and lodging. 1 Sister (sister of the Lady Superintendent) - „ „ „ 6 Nurses - - - £24 a year, board, lodging, washing and uniform. 4 Probationers - - £8 „ „ „	Nurses (Day and Probationers) 7 a.m. to 9 p.m. Nurses (Night) 9 p.m. to 7 a.m.	NURSES AND PROBATIONERS have 2 hours off every alternate day, and alternate Sunday mornings 8 to 9 and 10 to 1, or 2 to 9.30 alternately. Also from 2 to 9.30 on a weekday once a week. Annual holidays are 3 weeks and 2 days in summer, and 4 days in spring.	NURSES AND PROBATIONERS (DAY) Breakfast 7 a.m. Lunch 11 a.m. Dinner 1 p.m. Tea 4 p.m. Supper 9 p.m. NURSES AND PROBATIONERS (NIGHT). Breakfast 9 p.m. Ward Meal 2 a.m. Dinner 9 a.m. Meal in day, 12 noon	By Honorary Lady Superintendent, who reports to the Committee.	NURSES. 1 with 7 years. 1 „ 5 „ 1 „ 4 „ 1 „ 3 „ 1 „ 2 „ 1 „ 10 months. They are granted a certificate after 3 years' training.	The Lady Superintendent has charge of the nursing and housekeeping; she visits every ward daily. The Sister also has the general superintendence of the nursing, and is constantly on duty. *No information as to their annual holidays.*	There are two permanent Night Nurses. They are allowed one day off every month. They have the same annual holidays as the Day Nurses.	There are 4 in the Hospital, all under 1 year's service. They are not put on night duty. They can become Nurses after 1 year's training.	*Nil.*	1 Sister. 4 Day Nurses. 2 Night „ 4 Probationers. Proportion of Nurses to Patients by day is 1 to 4, by night 1 to 22.	*No information is given on this point.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	

I.—General Hospitals without Schools in the Metropolis.—Notes on the Honorary, Resident, and Non-Resident Medical Staff, Officials, Servants, Pensions, Rates, Sanitary Inspection, and Fire Precautions.

	HONORARY MEDICAL STAFF.		RESIDENT MEDICAL OFFICERS.			NON-RESIDENT MEDICAL OFFICERS.	OFFICIALS.	SERVANTS.	PENSIONS.	RATES.		Sanitary Inspection.	Fire Precautions.
	Number of Beds in charge of each.	Amount of Honoraria.	Number in Residence.	Salaries.	Board and Allowances.	Number of, and Salaries.	Post held. Salaries and Allowances.	Number of. Salaries and Allowances.	Officials and Servants.	Assessment.	Annual Payment.		
ME.													
- - - -	2 Physicians - - - - - - with 16 beds each. 1 „ Obstetric - - - - „ 12 „ 3 „ Assistants - - - - „ no „ 2 Surgeons - - - - - „ 16 „ each. 1 „ Ophthalmic - - - - „ 6 „ 3 „ Assistants - - - {1 „ 6 „ / 2 „ no „	*Nil.* 8*s.* a week is allowed to each of the Senior Physicians and Surgeons for cab fares.	1 Senior - - - - 3 Junior - - - -	£100 \ *Nil.* /	Board, lodging, and washing; and 5*s.* a week each in lieu of alcohol.	1 Registrar Medical and Surgical } £30. 1 Pathologist £50. 1 Anæsthetist £15. 15*s.*	1 Chaplain - - - - - - £100. 1 Secretary - - - - - £300, luncheon. 1 „ Clerk - - - - - £80, meals in the day. 1 Office Boy - - - - - £10 „ „ „ 1 Steward - - - - - £80, board, lodging, and washing. Total, £570.	1 Head Dispenser - - - - £170, meals in day. 1 Assistant Dispenser - - - £78 „ 1 „ Porter - - - £60 „ 6 Porters and 2 Boys - - - £340, meals in day, and uniforms. 1 Housekeeper - - - - £52, board, lodging, and washing. 1 Cook - - - - - £29 „ „ „ 2 Kitchen Maids - - - - £33 „ „ „ 2 Scullery „ - - - - £29 „ „ „ 12 Charwomen - - - - £230. „ „ „ Total, £1,021.	A scheme is now under consideration in connection with the Royal National Pension Fund.	£500 gross. £431 nett.	£110.	Inspections are constantly made by the Architect, Secretary, and Steward. The Architect, who frequently visits the Hospital, is responsible for the sanitary condition of the Institution.	Fire hose, buckets, &c., are always ready on every floor. Iron doors, always unlocked, connect the wards where practicable. Special appliances are now being fixed as recommended by the Metropolitan Fire Brigade.
RIAL -	3 Physicians - - - - - - { One Physician and Surgeon are on duty for a week. Cases admitted during that week come under their care. 3 Surgeons - - - - - -	*Nil.* Cab fares are paid if called during the night.	1 Senior - - - - 1 Junior - - - -	£60 \ £30 /	Board, lodging, washing, and beer.	*Nil.*	1 Chaplain - - - - - - - honorary. 1 Secretary - - - - - - £80, non-resident. 1 „ Assistant - - - - £65 „ Total, £145.	1 Head Dispenser - - - - £120. 1 Assistant Dispenser - - - £50. 2 Dispensary Porters - - - £60, 16*s.* each, uniform. 1 Cook - - - - - £18, resident, beer. 1 Ward Maid - - - - £10 „ „ and uniform. 1 House „ - - - - - £12 „ „ no uniform. 1 Resident Medical Officer's Servant - £18 „ „ „ 1 Scrubber when necessary - - Total, £287.	*Nil.*	£50.	£29. 8*s.*	*No information given on this point.*	*No information given on this point.*
N CENTRAL	3 Physicians - - - - - No. of beds vary. 1 „ Obstetric - - - - „ „ 3 „ for Out-patients - - - no beds. 1 „ Assistant Obstetric - - „ 1 „ for Skin Diseases - - „ 3 Surgeons - - - - - No. of beds vary. 2 „ Assistant for Out-patients no beds. 1 „ Ophthalmic - - - No. of beds vary. 1 „ Aural - - - - „ „ 1 „ for Throat Diseases - „ „ 1 „ Dental - - - - no beds.	*Nil.* Cab fares are paid.	1 House Physician - - 1 „ Surgeon - -	£60 \ £60 /	Board, lodging, washing, and beer.	1 Casualty Officer £52. 10*s.* 1 Pathologist *Nil.* 1 Anæsthetist £10. 10*s.*	1 Chaplain - - - - - - £30. 1 Secretary and Steward - - - £350, a bonus of 2½ per cent., and £50 in lieu of board and lodging. 1 „ Clerk - - - - - £70, luncheon. 1 Inquiry Officer - - - - £52. Total, 502.	1 Surgery Beadle - - - - £30, board and uniform. 1 Head Dispenser - - - - £120, partial board. 2 Porters - - - - - £26 each, board, lodging, and uniform. 1 Engineer - - - - - £78, board. 1 Stoker - - - - - £40. 10*s.*, board. 2 Boys - - - - - - £13 each „ 1 Cook - - - - - - £25, board, lodging, washing, and uniform. 1 Kitchen Maid - - - - £14 „ „ „ „ 1 Scullery „ - - - - £11 „ „ „ „ 3 Ward „ - - - - £12 each, board, lodging, washing, and uniform. 3 House „ - - - - £15 „ „ „ „ „ 2 Scrubbers - - - - - £11 „ „ „ „ Total, £514. 16*s.*	*Nil.*	£500.	£125.	The Secretary makes an inspection nearly every day, and he is responsible for the sanitary condition of the Hospital.	Fire hydrant direct from main supply on each floor in each block, also hand fire-pump and buckets in each, with a fire-escape shoot. In addition hand fire-grenades all over buildings.
AN -	3 Physicians - - - - - - with 12 beds each. 3 „ Assistants - - - - „ 4 „ 3 Surgeons - - - - - - „ no „ „ „ - - - - - „ 38 „ between them. 2 „ Assistants - - - - „ no „ 2 „ Dental - - - - - „ no „	The 3 Assistant Physicians receive 25 guineas a year each. Cab fares at night are paid by the Hospital.	1 House Physician - - 1 „ Surgeon - - - 1 Junior House Surgeon -	£60-70 \ £60-70 / *Nil.*	Board, lodging, washing, and beer.	1 Anæsthetist - *Nil.*	1 Chaplain - - - - - - - honorary. 1 Secretary - - - - - - £300, luncheon. 1 „ Assistant - - - - - £60, board and lodging. 1 Collector - - - - - £54. 12*s.*, dinner and tea. Total, 414. 12*s.*	1 Head Dispenser - - - - £120. 1 Assistant Dispenser - - - £100. 3 Porters - - - - - £110. 8*s.*, board, uniform, and beer. 1 „ Night - - - - £52, breakfast and uniform. 1 Dispenser's Boy - - - - £15. 12*s.*, board. 1 Housekeeper - - - - £25, board, lodging, and beer. 1 Linen Maid - - - - - „ „ „ *Salary not given.* 1 Cook - - - - - - £30 „ „ „ 2 Kitchen Maids - - - - £27 „ „ „ 2 House „ - - - - £29 „ „ „ 7 Scrubbers - - - - About £202. 16*s.*, partial board. Total, £750. 16*s.*	*Nil.*	£583.	£160.	The Honorary Surveyor makes occasional inspections, but at no stated times. The Secretary is responsible for the sanitary condition of the Hospital.	Fire hydrants, with hose attached, on every floor. Quarterly fire drill for nurses and Porters. There are two fireproof buildings at the end of each ward.
- -	3 Physicians - - - - - No. of beds not fixed. 1 „ Obstetric - - - - „ „ 2 „ Assistants - - - - no beds. 1 „ „ Obstetric - - - „ 1 „ „ for Throat - - „ 3 Surgeons - - - - - No. of beds not fixed. 1 „ Ophthalmic - - - „ „ 2 „ Assistants - - - - no beds. 1 „ Obstetric - - - „ 1 „ „ Ophthalmic - - „ 1 „ Dental - - - - - „ „	*Nil.* Cab fares are allowed if Officers are sent for after the usual hours of attendance.	2 House Physicians - - 2 „ Surgeons - -	*Nil.* \ *Nil.* /	Board and lodging; beer unlimited; no washing.	1 Pathologist - *Nil.* 2 Anæsthetists - *Nil.*	1 Chaplain - - - - - - £50. 1 Secretary and Superintendent - £250, house. 1 „ Assistant and Collector - £180. 1 „ Clerk - - - - - £41. 12*s.* Total, £521. 12*s.*	1 Head Dispenser - - - - £150. 1 Assistant Dispenser - - - £90. 2 Porters - - - - - £58, board, lodging, uniform, and 1 quart of beer. 2 „ - - - - - £120, 15*s.*, one uniformed. 1 Housekeeper - - - - £44, board, lodging, washing, and unlimited beer or milk. 1 Cook - - - - - £32 „ „ „ and 1½ pints „ 1 Kitchen Maid - - - - £18 „ „ „ 1 pint „ 1 Scullery „ - - - - £14 „ „ „ „ „ 3 Ward „ - - - - £46 „ „ „ „ „ 3 House „ - - - - £46 „ „ „ „ „ 1 Head Laundry Woman - - £25 „ „ „ 1½ „ „ 3 Laundry Maids - - - £48 „ „ „ „ „ Total, £697. 15*s.*	*Nil.*	£360.	£112.	The Secretary-Superintendent inspects the ground plans three or four times a year, when he flushes them, and the whole system is so much ventilated that it would be throwing money away to pay for expert inspection. The Secretary is responsible for the good order of the drainage system.	Hydrants, with hose and pipe attachments, are established on every floor in the interior, and two lightning conductors and two hydrants on the exterior.

I.—General Hospitals without Schools in the Metropolis.—Notes on the Honorary, Resident, and Non-Resident Medical Staff, Officials, Servants, Pensions, Rates, Sanitary Inspection, and Fire Precautions—*continued.*

NAME.	HONORARY MEDICAL STAFF.		RESIDENT MEDICAL OFFICERS.			NON-RESIDENT MEDICAL OFFICERS.	OFFICIALS.		SERVANTS.	PENSIONS.	RATES.		Sanitary Inspection.	Fire Precautions
	Number of Beds in charge of each.	Amount of Honoraria.	Number of Residents.	Salaries.	Board and Allowances.	Number of, and Salaries.	Post held.	Salaries and Allowances.	Number of.	Salaries and Allowances.	Officials and Servants.	Assessment.	Annual Payment.		
Deaconesses' Institution, Tottenham.	1 Physician - - - - - - with 22 beds. 2 Surgeons - - - - - - ,, 24 ,, each	*Nil.*	1 Resident Medical Officer -	£80	Board, lodging, and washing; no alcohol.	*Nil.*	1 Director - - - - - - *Nil*, board, lodging, and washing. 1 Secretary (Deaconess) - - - - £14 ,, ,, ,, 1 ,, Assistant - - - - £30 ,, ,, ,, Total, £44.		1 Head Dispenser (Deaconess) - - £16 board, lodging, and washing. 1 Assistant Dispenser - - - - £14 ,, ,, ,, 1 Porter (Deaconess) - - - - £14 ,, ,, ,, 1 Housekeeper and Cook - - - £25 ,, ,, ,, 1 Kitchen Maid - - - - - £14 ,, ,, ,, 1 Scullery ,, - - - - - £12 ,, ,, ,, 2 House ,, - - - - - £15 each, board, lodging, and washing. 2 Scrubbers ,, - - - - £10 ,, ,, ,, ,, Total, £145.	No system of pensions is considered necessary, as the Deaconesses are taken care of for life if they remain in the work.	*Nil.*	*Nil.*	An inspection is made daily by the Director, who is responsible for the sanitary condition of the Institution.	There is a fire-escape.
London Temperance -	2 Physicians - - - - - - with 20 beds each, the senior takes the Gynæcological Department. 1 Surgeon - - - - - - with 35 beds, who takes the Ophthalmic Department.	£78 15*s.* each. £78. 15*s.* Total, £236. 5*s.*	1 House Surgeon - - - - 1 Junior House Surgeon -	£52. 10*s.* £5. 5*s.*	Board and lodging and £5. 5*s.* each in lieu of washing. No alcohol allowed or money in lieu.	1 Registrar - £52. 10*s.*	1 Secretary - - - - - - £75, non-resident. 1 Accountant - - - - - £60 ,, Total, £135.		1 Head Dispenser - - - - £65 partial board. 1 Housekeeper - - - - £30, board, lodging, and uniform. 1 Cook - - - - - - £25 ,, ,, ,, 1 Kitchen Maid - - - - £15 ,, ,, ,, 2 Porters - - - - - {1 £52, lodging only. {1 £26, lodging and board. 1 Boy - - - - - - £15. 12*s.*, board and uniform. 1 Scullery Maid - - - - £12, board, and lodging. 4 Ward ,, - - - - - {2 £12, each, board and lodging. {2 £18 ,, ,, ,, 2 House ,, - - - - {1 £17 ,, ,, ,, {1 £15 ,, ,, ,, 7 Scrubbers - - - - - partial board, *Salary not given.* Total, exclusive of Scrubbers, £332. 12*s.*	*Nil.*	£459.	£66. 18*s.* 9*d.*	A monthly inspection is made by the Surveyor, who, with the Architect, is responsible for the sanitary condition of the Hospital.	A complete set of firecocks in each ward and corridor, fitted with and buckets in addition. Nurses and servants are made familiar their use by fire drills.
London Homœopathic -	4 Physicians - - - - - - with 14 beds each. 6 ,, Assistants - - - - ,, no ,, 1 Surgeon - - - - - - ,, 14 ,, 1 ,, Assistant - - - - - ,, no ,,	*Nil.*	2 House Surgeons - -	1 at £100 1 at £40	Board, lodging, washing, and beer.	1 Registrar - *Nil.* 1 Anæsthetist - £21.	1 Chaplain - - - - - - £25. 1 Secretary - - - - - £250, luncheon and tea. 2 ,, Clerks - - - - - *Salary not stated.* Total, exclusive of Clerks' salaries, £275.		1 Head Dispenser - - - - £85, partial board. 2 Assistant Dispensers - - - {1 £46. 16*s.*, *Nil.* {1 £13, partial board. 1 Porter, trained - - - - £30, board. 2 ,, untrained - - - - £20 each, board and lodging. 1 Housekeeper - - - - - £40, board and lodging. 1 Cook - - - - - - £25 ,, ,, 1 Scullery Maid - - - - £12 ,, ,, 4 House ,, - - - - - £12 to £15, board and lodging. 2 Scrubber - - - - {1 £14 ,, ,, {1 £24, board only. Total, about £392. 16*s.*	*Nil.* The matter is under consideration.	£325.	£80.	An annual inspection is made by the Sanitary Protection Association. A weekly inspection and cleaning is made by contract. The Board of Management, assisted by the Honorary Architect, is responsible for the sanitary condition of the Hospital.	A supply of fire buckets is always ready on each landing. A public always five doors from the building. A fire station within two hundred yards.
North West London -	1 Physician - - - - - - with 22 beds. 1 ,, Assistant for Skin - - - ,, 1 ,, 4 ,, ,, ,, - - - ,, no ,, 1 Surgeon - - - - - - ,, 22 ,, 1 ,, Assistant Ophthalmic - - ,, 2 ,, 4 ,, ,, ,, - - ,, no ,,	*Nil.*	1 Resident Medical Officer - 1 Assistant ,, ,, -	£50 *Nil.*	Board, lodging, washing, and alcohol.	1 Pathologist - *Nil.*	1 Secretary - - - - - - £150.		1 Head Dispenser - - - - £110, dinner and tea. 2 Porters - - - - - - £27 each, and board. 1 Housekeeper - - - - - *Nil*, board and lodging. 1 Cook - - - - - - £25 ,, ,, 1 Kitchen Maid - - - - - £14 ,, ,, 2 House ,, - - - - - £18. 16*s.* each, board and lodging. 1 Scrubber - - - - - £30. 18*s.*, occasional meals. Total, £277. 10*s.*	*Nil.*	£188.	£50. 8*s.* 5*d.*	An experienced and practical man (a builder) makes a weekly inspection of the traps and sanitary arrangements. The Committee is responsible for the sanitary condition of the Hospital.	At the request of the Committee the premises were examined by Local Inspector of the Metropolitan Fire Brigade, who reported on All his suggestions for precaution were adopted and are still in except one. In a subsequent report (1888) the Inspector called tion to the insufficiency of the staircase to afford means of escape case of fire. He remarked: "The present staircase ... inadequate for its present requirements—indeed this applies every-day use; but in the necessary rush for life that would probability take place if a fire were to happen, it would be only likely to cause serious, if not fatal, accidents." The Committee diately resolved upon steps being taken for the erection of a new staircase, and one member of the Committee guaranteed the entire Plans were prepared and submitted to the landlord, who *refused to sanction any alteration whatever.* Whereupon the letter was sent to him from the Committee:— "*To* Mr. Day, 121, *Camden Road.* "Sir,—I am instructed by my Committee to send you a copy ... plemental report which they have received from the Superintend the Metropolitan Fire Brigade. The Committee being anxious their utmost to provide for the safety of the inmates of the Hos vited the Superintendent of the Metropolitan Fire Brigade abou months ago to inspect the premises. The recommendations made have been carried out in every detail. In spite of this, how is apparent that the greatest danger of all still exists. The Com are prepared to erect a staircase in accordance with the Superin last report, and they would point out that, as you withhold cons is quite evident that upon *you* alone would rest all responsibility any fatality occur in the case of fire; and should there be any investigation they will produce a copy of this letter, as they shall refuse to share your responsibility. "I am, Sir, your obedient servant, (Signed) "Alfred Crasee, *Secretary.* "*October* 16, 1888."

J.—Special Hospitals in the Metropolis.—I. Notes respecting their System of Government.

M B.	Founded.	COURTS.		COMMITTEES.				GOVERNORS.		Samaritan Funds.	Medical and Surgical Staff; Qualification and Election of.	Instruction.
		Annual.	Special.	Management.	House.	Finance.	Medical Council.	Qualifications of.	Privileges of.			
ITALS:												
TON - -	1851	The Annual General Meeting is called by advertisement in one or more of the daily morning papers. It meets in the month of February in each year, and receives reports from the General and Medical Committees.	Special General Meetings may be called by the General Committee, by advertisement in one or more of the daily morning papers.	The General Committee is composed of not less than 21 and not more than 35 Governors, exclusive of *ex-officio* members. It meets quarterly, in January, April, July, and October. It receives reports from the House Committee, and has the power to fill vacancies as they occur either on its own or on the House Committee. 5 members form a quorum.	The House Committee is composed of 12 members, elected by the General Committee in conjunction with the Trustees. It meets fortnightly, except in the month of September; it appoints a General Committee and two or more of its members to act as visitors; it conducts the ordinary business of the Hospital. 3 members form a quorum.	The Finance Committee is composed of 5 members of the House Committee. It meets fortnightly, except during the month of September; it examines all vouchers, receipts, weekly expenses and accounts of the Hospital. 2 members form a quorum.	The Medical Committee consists of the Consulting Senior Surgeon, Surgeons, and Anæsthetists. It has a general control over the medical arrangements of the Hospital, subject to the approval of the House Committee, to whom it reports. It meets monthly. 3 members form a quorum.	Donors of 10 guineas and upwards are Life Governors, and donors of 1 guinea or more are Governors.	Governors can attend and vote at any Annual and other General Meeting.	£14. 12*s.* 6*d.* were expended in 1890 in providing convalescent and other aid required by patients.	Surgeons must be Fellows of the Royal College of Surgeons of England, practising only as Consulting Surgeons, and residing within the four-mile radius. The Anæsthetist must be qualified under the Medical Registration Act. They are elected by the House Committee. No retiring age is fixed.	A series of lectures are given annually by the Staff, to which members of the profession and students are invited to attend.
a - - -	–	*No information given.*	*No information given.*	*No information given.*	*No information given.*	*No information given.*	*No information given.*	*No information given.*		*Nil.*	1 Physician, and 1 Physician for Out-patients. *No information as to qualifications.* They are appointed by the Mother Superior. No retiring age is fixed.	*Nil.*
OR CHILDREN:												
- - -	1807	The Annual General Meeting of Governors is summoned in the month of May in each year. Notice of such meeting is given by advertisement in the *Times* newspaper at least 6 days previously. It receives an annual report from the Committee, and the accounts for the past year are placed before it duly audited. 5 members form a quorum.	Special Meetings can be convened at any time on the vote of the Committee, on a requisition in writing of 3 members of the Committee, or of 10 Governors; 6 days' notice of such meeting to be given by advertisement.	The Committee of Management consists of 21 members, exclusive of the *ex-officio* members. The Treasurer, the Physician, and the Surgeons of the Hospital shall be *ex-officio* members of the Committee. It meets monthly except in September, and conducts the general management of the Hospital and appoints Sub-Committees, and it also appoints one of its members to act as a visitor for 3 months at a time. 4 members form a quorum.	The House Committee consists of 7 members of the Committee of Management. It meets every fortnight, and supervises the whole of the routine work of the Hospital. 3 members form a quorum. There is also a Local Committee consisting of 7 Governors, who conduct the affairs of the Bournemouth branch of the Hospital. It reports to the Committee of Management in London.	The House Committee acts in this capacity.	*Nil.* The Medical Officers being *ex officio* members of the Committee of Management.	Every donor of 10 guineas, and every annual subscriber of 1 guinea, is a Governor.	Governors are entitled to recommend 1 in-patient yearly, without payment for the first 3 weeks.	There is a Samaritan Fund, which expended in 1890 £35. 7*s.* 1*d.* in maintaining and sending children to Convalescent Homes, and in paying the travelling expenses of children to and from the Bournemouth Branch.	1 Physician. 2 Surgeons for the Hospital in London, and 2 Surgeons at the Bournemouth branch. The Physicians shall be Members or Fellows of the Royal College of Physicians, and the Surgeons Fellows of the Royal College of Surgeons. They are appointed by the Committee of Management, and come up for re-election annually at the General Meeting. No retiring age is fixed.	Lectures are given to the nurses by the Honorary Staff.
- -	1866	An Annual General Meeting of the Governors is held in the month of May, to which every Governor is specially summoned, and at which the annual report is read, the Committee for the ensuing year elected, and other business transacted.	Special Meetings may be convened by the Committee for the purpose of considering any question connected with the Hospital; notice of such Special Meeting to be sent by the Secretary to each member.	The Committee of Management consists of the President, Vice-President, the Treasurers, Honorary Secretaries, Medical Staff, and 11 Governors elected at the Annual Meeting. It meets monthly to regulate and manage the affairs of the Hospital. 3 members form a quorum.	There is no House Committee, but the Committee of Management has the power to appoint a Sub Committee for occasional or special purposes.	The General Committee appoints an Auditor, who audits the accounts for the preceding year and lays a statement of such accounts before the Committee.	*Nil.* The Staff being members of the Committee of Management.	A donor or collector of £20 or upwards, and annual subscribers of 1 guinea or upwards, are Governors.	Governors may recommend 1 in-patient in the course of the year, and 5 out-patients.	*Nil.*	2 Physicians and 2 Surgeons. The Physicians must be Graduates in Medicine, and either Fellows or Members of the Royal College of Physicians of London. The Surgeons must be Fellows of the Royal College of Surgeons of England. They are appointed by the Committee of Management. No retiring age is fixed.	*Nil.*
- -	1874	For the purposes of the administration of the Hospital there is a President, Trustees, and a General Committee of Management. One of the meetings of the Committee, held if possible in July, is the Annual Meeting, at which the report and audited statement of accounts are presented for adoption.	*Nil.*	The Committee consists of at least 12 members, inclusive of the *ex-officio* members. It meets as often as may be necessary for the management of the Hospital, at least 3 times in each year; it appoints the House Committee. 4 members form a quorum.	The House Committee consists of at least 5 members of the Committee. It meets every fortnight, to conduct the ordinary affairs of the Hospital, and appoints any Sub-Committees for special purposes as it may consider necessary. 2 members form a quorum.	The House Committee acts as a Finance Committee.	*Nil.* The Consulting Physician and Senior Surgeon being members of the Committee.	Donors of not less than £52 10*s.* in one sum, and annual subscribers of £10. 10*s.*, are Governors.	Governors are entitled to attend and vote at the annual general meeting of the Committee of Management, and to nominate one suitable case for admission annually.	No separate fund £2. 1*s.* 6*d.* were spent for Samaritan purposes in 1890.	1 Physician and 2 Surgeons. No special qualifications are laid down. They are appointed by the Committee of Management. No retiring age is fixed.	The Nurses are thoroughly trained.
- -	1803	*No information is given on this point.*	*No information given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*
- -	1809	An Annual General Meeting is held, when a report and statement of accounts are presented for adoption.	*Nil.*	The Committee of Management consists of the President, Chairman, and Vice-Chairman, and 8 Governors. It meets once a month to conduct the affairs of the Hospital. 2 members form a quorum.	*Nil.*	*Nil.*	The Medical Committee is composed of the members of the Honorary Medical and Surgical Staff. It meets as often as is thought necessary to consult on all matters connected with the Medical Department, and reports to the Committee of Management from time to time.	A donor of 30 guineas, or an annual subscriber of 3 guineas, is a Governor.	Governors are entitled to recommend 2 in-patients and 12 out-patients annually.	There is a Convalescent Fund, which expended in 1890 £142. 1*s.* 1*d.* on the maintenance of children at, and travelling expenses to, Convalescent Homes, and for clothes, &c.	2 Physicians. 2 Surgeons. 2 ,, for Out-patients. 2 ,, for Out-patients. 1 ,, Ophthalmic. They must be Members or Fellows of their respective Royal Colleges. They are appointed by the Committee of Management on the recommendation of the Medical Committee. No retiring age is fixed.	Lectures are given to the Nurses by members of the Medical Staff.
MARY,	1872	An Annual General Meeting is held in February, at which a report and an audited statement of accounts of the previous year are presented. 3 days' notice to be given of such meeting.	The President may call a Special General Meeting when the Committee so determine, and shall be bound to do so on a written requisition signed by 10 or more subscribers.	The General Committee consists of not more than 24 members, inclusive of the President, Treasurer, and Secretary. It meets monthly; it conducts the business of the Institution. 3 members for a quorum.	The House Committee is composed of not more than 12 members of the General Committee.	*Nil.*	The Medical Board consists of the Honorary Acting and Consulting Medical Officers, and all matters of a professional character are referred to it.	Annual subscribers of 1 guinea and upwards are members.	Members are entitled to a letter of recommendation to send a child for one month at 2*s.* 6*d.* a week.	£8. 13*s.* 4*d.* were expended from the 'George Sturge' Samaritan Fund in 1890 in maintaining children at, and sending them to, a Convalescent Home.	2 Physicians. 2 Surgeons. 1 ,, Assistant. 1 ,, Assistant. 1 Assistant Medical Officer. Physicians must have a degree in Medicine of one of the Universities in the United Kingdom, or be Fellows, Members, or Licentiates of the Royal College of Physicians in London. Surgeons must have a degree in Surgery from one of the Universities in the United Kingdom, or be Fellows, Members, or Licentiates of one of the Royal Colleges of Surgeons in the United Kingdom.	*Nil.*
IEN, ET.	1852	The Annual Court of Governors meet in May in each year. At this Court all matters relating to the management of the Hospital are discussed without notice. 7 Governors form a quorum.	A Special Court may be called at any time by the Committee of Management, or at the written request of 6 Governors. Notice of a Special Court must be placed in a conspicuous part of the Committee-room at least one month before the day appointed for holding the same.	The Committee of Management is composed of the Patron, President, Vice-Presidents, the Treasurer, the Physicians and Surgeons *ex-officio*, of one member of the Assistant-Physicians and Surgeons, and 20 other Governors. It meets monthly to conduct and manage the affairs of the Hospital. 3 Governors form a quorum.	The House Committee is composed of 5 lay members of the Committee of Management, and of 2 of the Medical Officers elected by the Medical Staff. It meets monthly and manages the internal affairs of the Hospital. 3 members form a quorum.	The Finance Committee is composed of 4 members of the Committee of Management.	The Medical Committee consists of the acting Honorary Medical Staff and of all members of the medical profession on the Committee of Management. It meets monthly and advises on medical matters. 2 members form a quorum.	Donors of 30 guineas and upwards in one sum, and annual subscribers of 3 guineas and upwards, are Governors, as are also collectors of 50 guineas at one time.	Governors are entitled to recommend 2 in-patients and 12 out-patients annually.	There is a Convalescent Hospital at Highgate in connection with this Institution, where 250 children were treated in 1890, and £1,483. 11*s.* 9*d.* were expended. The Samaritan Fund was drawn upon in 1890 to the extent of £234. 10*s.* 7*d.* to send children to seaside or country Convalescent Homes, to provide surgical apparatus, and to give dinners, milk, &c.	4 Physicians. 2 Surgeons. 4 ,, Assistant. 3 ,, Assistant. 1 ,, Ophthalmic. Physicians and Assistant Physicians must be Fellows or Members of the Royal College of Physicians of London, and Surgeons and Assistant Surgeons must be Fellows or Members of the Royal College of Surgeons of England. They are appointed by the Committee of Management. They retire after 15 years' service on the full Staff.	Lectures are given to Post-Graduates.
	1867	*No information has been received from this Institution.*										

J.—Special Hospitals in the Metropolis.—I. Notes respecting their System of Government—*continued.*

NAME	Founded.	COURTS.		COMMITTEES.				GOVERNORS.		Samaritan Funds.	Medical and Surgical Staff; Qualifications and Election of.	Instruction.
		Annual.	Special.	Management.	House.	Finance.	Medical Council.	Qualifications of.	Privileges of.			
HOSPITALS FOR CHILDREN—*continued.*												
Paddington Green	1883	The Annual General Meeting is held in February every year, and at least 7 days' notice must be given in two or more daily papers. A report of the previous year's work and an audited statement of accounts must be presented. 5 members form a quorum.	A Special General Meeting may be convened at any time by the Committees, and shall be convened on a requisition signed by not less than 20 Governors.	The Committee consists of not more than 25 nor less than 10 members, of whom not more than 4 are representatives of the Medical and Surgical Staff. It has full power to do all things necessary or expedient for the due conduct of the affairs of the Hospital. 3 members form a quorum, provided there is always a majority of lay over medical members.	*Nil.*	*Nil.*	*Nil.*	Donors of 20 guineas or upwards at one time, or collectors of 50 guineas or more at one time, and annual subscribers of 2 guineas, are Governors.	Governors are entitled to vote at the Annual or Special General Meeting. No Governor is entitled to more than one vote at any meeting.	There is a Convalescent Home at Wembley, near Harrow, in connection with the Hospital, where 90 patients were sent and maintained in 1890, at a cost of £253. 8*s.* 9*d.*	3 Physicians. 2 Surgeons. 1 „ for Skin. 1 „ Ophthalmic Nothing is stated as to qualifications, but the Physicians are either F.C.P. or M.R.C.P., and the Surgeons are all F.R.C.S. They are appointed by the Committee. No retiring age is fixed.	There are 2 Clinical tants, and the pa the Hospital is students of other at all times.
Victoria	1803	A Quarterly Court of Governors is held in the months of February, May, July, and November. The Court held in May is the Annual Court, and at this meeting the annual report is read and a financial statement is submitted. Not more than 14 and not less than 7 days' notice must be given of all Courts of Governors. 7 Governors form a quorum at the Quarterly Court, 12 at the Annual Court.	Special Courts of Governors may be convened by the President, the Chairman of Committee, or the Treasurer, and also such Court must be convened by any one of them at the request of any 9 Governors.	The Committee of Management consists of the President, the Treasurer, the Trustees of the General Fund, the Senior Physician, the Senior Surgeon, and the Honorary Solicitor (as *ex-officio* members), and 18 other Governors, of whom not more than 3 are Medical Officers, elected by the Court of Governors. It meets at least at once a month and controls the working of the Hospital; it can appoint Sub-Committees. 5 members form a quorum.	No standing House Committee.	No standing Finance Committee.	The Medical Committee is composed of the Honorary Medical Officers of the Hospital. It meets at least once every 3 months. It advises the Committee of Management on medical matters. 3 members form a quorum.	Donors of 20 guineas in one sum or 30 guineas in not more than three sums, and annual subscribers of 2 guineas or more, are eligible for election as Governors.	Governors are entitled to have 10 out-patients' and 1 in-patient's letters.	The Hospital has a Convalescent Home at Margate, to which 103 children were sent in 1890. The cost of the Homes was £652. 13*s.* 11*d.* This Home will shortly be closed and a larger one opened at Broadstairs.	2 Physicians 2 Surgeons. 4 „ for Out-patients. 2 „ for Out-patients. 1 „ Ophthalmic. Physicians must be F.R.C.P. or M.R.C.P. of London, and Surgeons must be F.R.C.S. of England, not practising Pharmacy or Midwifery. They are appointed by the Committee of Management, subject to confirmation by a Court of Governors. They must retire at 60 years of age.	Lectures are given Nurses.
HOSPITALS FOR CONSUMPTION:												
Brompton	1841	A Quarterly Court of Governors is held in February, May, August, and November in each year. The Court held in May is called the Annual Court. Notice of these Courts is advertised in two morning papers, and a summons forwarded to each Governor at least 7 days before they are held. 9 members form a quorum.	Special Courts can be convened by the Treasurer or Committee of Management, or by 10 or more Governors, who can require the Secretary to summon such meeting on a day not less than 14 nor more than 21 days after the requisition is received. 7 days' notice must be given of such a meeting.	The Committee of Management consists of not more than 25 Governors elected at the Annual Meeting. The President, the Treasurer, and the Honorary Secretary are *ex-officio* members. The Chaplain and all the Physicians on the Medical Staff have the right to attend and take part in the business of the Committee meetings, but cannot vote. The Committee meets every week and conducts the affairs of the Hospital. 5 members form a quorum, but if there be only 3 members present the usual routine may be carried on.	*Nil.*	The Finance Committee is composed of 5 members of the Committee of Management. It meets at least once a month to examine and report upon all accounts. 2 members form a quorum. The Committee of Auditors consists of 5 Governors, 1 at least of whom is a member of the Committee of Management. It meets quarterly. 2 members form a quorum.	The Medical Committee consists of the Consulting Physician, the Consulting Surgeon, the Physicians, the Assistant Physicians, and the Honorary Secretary. The Committee of Management may add 1, 2, or 3 members of the medical profession, and not holding appointments in the Hospital. It meets monthly to discuss medical matters and report to the Committee of Management. 5 members form a quorum.	Donors of 50 guineas and upwards in one sum, and annual subscribers of 5 guineas or upwards, are Governors.	Every Governor is entitled to 1 vote at Courts of Governors, and to 1 additional vote for every additional donation of £100, or annual subscription of 10 guineas, but no Governor must have more than 5 votes. They are entitled to recommend 1 in-patient and 8 out-patients annually.	479 patients were sent to Convalescent Homes in 1890, at a cost of £1,430. 7*s.* The Samaritan or Rose Charity Fund expended £168. 1*s.* 7*d.* in 1890.	6 Physicians. 6 Assistant Physicians. 1 Surgeon. Physicians and Assistant Physicians must be Doctors or Bachelors of Medicine, and Fellows or Members of the Royal College of Physicians in London. They are appointed by the Committee of Management, and must retire at the age of 65 years.	Young medical me the practice of his and Post-Graduate are given.
City of London	1848	An Annual Court of Governors is held, at which a report of the proceedings of the Committee of Management for the past year and a balance sheet is presented.	Special Courts may be summoned by the Committee of Management as often as may be deemed necessary, or on a written requisition signed by 12 Governors, provided that the object for which the Court is to be summoned is stated. 7 days' notice of such meeting must be given by advertisement in two London morning papers.	The Committee of Management is composed of the President, Treasurer, 20 Governors elected at the Annual Court of Governors, and 1 representative of the Medical Staff elected annually by the Medical Staff. It meets monthly to supervise the affairs of the Hospital. 3 members form a quorum.	The House Committee is a sub-committee of the Committee of Management. It meets every week, and conducts the affairs of the Hospital during the intervals of the meetings of the Committee of Management. 2 members form a quorum.	The Finance Committee is appointed by the Committee of Management. It meets once in each month to examine and prepare the accounts. 2 members form a quorum. 3 Governors (not members of any Committee) are appointed as Auditors.	The Medical Committee is composed of all the Honorary Medical Staff who have held office for 3 years. It meets quarterly or when summoned. It reports on medical matters to the Committee of Management, and has charge of the Drug Department. 2 members form a quorum.	Donors of 10 guineas and annual subscribers of 1 guinea are Governors.	Donors of 10 guineas are entitled to recommend 1 in-patient during the year in which the donation is paid, and 4 out-patients annually. Annual subscribers of 1 guinea are entitled to recommend 4 out-patients. Annual subscribers of 3 guineas are entitled to recommend 1 in-patient and 6 out-patients.	There is a Samaritan Fund, from which £39. 14*s.* 1*d.* were drawn in 1890 to give cash to necessitous patients on discharge from the Hospital, to purchase clothing, and to pay the expenses connected with patients sent to Convalescent Homes.	6 Physicians. 6 Assistant Physicians. 1 Surgeon. The Physicians and Assistant Physicians must be Fellows or Members of the Royal College of Physicians of London. They are appointed by the Committee of Management, and must retire at the age of 65 years.	Post-Graduate Lectures delivered, the Medical making all arrange subject to a power by the Committee of agement.
North London	1866	An Annual Court of Governors is held in March, when the annual report for the preceding year is read. 14 days' notice of such meetings must be given by advertisement in two London daily newspapers. 10 members form a quorum.	A Special General Court may be convened by the Committee of Management, and shall be convened upon a written requisition by any 10 or more Governors; should the meeting not be convened within 21 days of the receipt of the requisition, the requisitionists may themselves summon a Special General Court.	The Committee of Management consists of not more than 25 nor less than 20 Governors elected at the Annual Court, in addition to the President, the Treasurer and the Chaplain, who are *ex-officio* members, and 2 delegates from the Medical Staff. 5 members form a quorum.	The Committee of Management annually appoint 7 of their number who, with the Physicians on duty for the time being, shall form the House Committee. It meets weekly and appoints house visitors and generally conducts the affairs of the Hospital. 3 members form a quorum.	The Finance Committee consists of 6 members of the Committee of Management. It meets monthly and examines and reports on all accounts previous to their payment. 2 members form a quorum.	The Medical Committee consists of the members of the Medical Staff. It meets monthly to consider and report upon medical matters connected with the Hospital. 3 members form a quorum.	Donors of 30 guineas and upwards, which may be paid in successive annual payments of not less than 5 guineas, and annual subscribers of 3 guineas and upwards, are Governors.	Governors are entitled to recommend 1 in-patient and 4 out-patients annually.	There is a Samaritan Fund, from which allowances were paid to poor patients in 1890 to the amount of £40. 10*s.* 10*d.* There is also an Incurable Fund, upon which £2, 5*s.* were paid in 1890.	8 Physicians. Physicians and Assistant Physicians must be Graduates in Medicine of a University of the United Kingdom, and Members or Fellows of the Royal College of Physicians of London. They are appointed by the Committee of Management, and must retire at 60 years of age.	*Nil.*
The Royal	1814	An Annual Court of Governors is held, at which the Treasurer's account of receipts and disbursements for the previous year is presented. Not less than 5 days' notice to be given of the meeting by an advertisement in at least two of the London daily papers; every Governor to have a notice sent to him not less than 3 days before the meeting.	A Special Court can be convened by the Chairman of the Council at any time, on a written requisition by the President, the Treasurer, or any 3 members of the Council, or any 20 of the Governors; notice of such meeting to be given in two of the London daily papers.	The Council consists of the President, Trustees, Treasurer, and one of the Physicians appointed by the Medical Council to represent it, and of not less than 12 nor more than 24 Governors elected by the Annual Court. It meets at such times as may be considered necessary; it has the management of the Hospital vested in it. 3 members form a quorum.	The House Committee consists of not more than 12 members of the Council and a member of the Medical Staff, nominated by the Medical Council. It meets every fortnight to manage and control the work of the Hospital. 3 members form a quorum.	The Finance Committee consists of the Treasurer and not less than 5 members of the Council. It meets every quarter to examine and verify all accounts, and sign cheques for their payment. 3 members form a quorum.	The Medical Council consists of the Honorary Consulting and active Medical Staff. It meets as often as may be necessary to consider and report on all matters referred to it. 3 members form a quorum. The Drug Committee consists of 5 members elected by the Council, and 1 member of the Medical Staff. It meets when required. 3 members form a quorum.	Donors of 10 guineas or more in one year, and annual subscribers of 1 guinea, are Governors.	Governors are entitled to recommend 6 out-patients annually.	There is a Ladies' Samaritan Society, but no accounts or statistics have been forwarded.	6 Physicians. 3 Assistant Physicians. 1 Surgeon. Physicians must be Fellows or Members of the Royal College of Physicians of London. They are appointed by the Council, and must retire at 65 years of age.	*Nil.*
DENTAL HOSPITALS:												
The Dental	1851	A General Meeting of Governors is held in March every year, convened by advertisement in one or more daily newspapers 2 days before the meeting. 10 Governors form a quorum.	A Special Meeting may be convened at any time by the Committee of Management, or on a requisition signed by any 20 Governors, the requisition to state the object of the meeting. Notice to be given as for Annual Meetings.	The Committee of Management consists of not less than 12 nor more than 30 members, elected by ballot at the Annual Meeting. It meets monthly, except in August and September, and manages the whole affairs of the Hospital. 7 members form a quorum.	*Nil.*	The Finance Committee consists of not less than 5 members appointed from and by the Committee of Management. It meets monthly and examines all accounts prior to their payment. 3 members form a quorum.	The Medical Committee consists of the Medical Staff. It meets monthly to consult on all matters connected with the Medical Department of the Hospital. 3 members form a quorum.	Donors of 10 guineas in one payment, and annual subscribers of 1 guinea, are Governors.	Governors are entitled to recommend an unlimited number of patients requiring ordinary relief, and patients or a patient for 4 special special operations during the year, and also to vote at all Special and General Meetings of the Governors.	*Nil.*	6 Dental Surgeons. 4 Anæsthetists. 11 „ Assistant. 2 „ Assistant. The Dental Surgeons must be Licentiates of Dental Surgery of one of the licensing bodies recognised by the General Medical Council of the United Kingdom. They are appointed by the Committee of Management. No time is fixed as a retiring age.	There is a Dental attached. In 1890 were 100 students whom joined the The perpetual £36 15*s.*; for practice, and £31. 10*s.* In 1890 were received from the amount paid was £985
National Dental	1861	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*Nil.*	1 Physician. 1 Surgeon. 6 Anæsthetics. 6 „ Dental. 6 „ „ Assistant. They are appointed by the Medical Committee. No retiring age is fixed.	There is a Dental connected with the In 1890 there students, of whom that year. The £12. 12*s.* for lectures and £18. 18*s.* tures. £373 were sum the Lectures from fees in 1890, sum the Lectures £170. 18*s.*
London Fever	1802	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	2 Physicians. 2 Assistant Physicians. 1 Surgeon. They are appointed by the Election Committee, and must retire at 65 years of age.	Students are admitted regulations.

J.—Special Hospitals in the Metropolis.—II. Notes respecting their System of Government.

	Founded.	COURTS		COMMITTEES.				GOVERNORS.		Samaritan Fund.	Medical and Surgical Staff; Qualifications and Election of.	Instruction.
		Annual.	Special.	Management.	House.	Finance.	Medical.	Qualifications of.	Privileges of.			
FISTULA, &c.:												
- -	1884	An Annual Meeting is held. *No details given.*	Special Meetings can be convened. *No details given.*	The Committee of Management consists of 14 Governors elected at the Annual Meeting. *No details given.*	*Nil.*	*Nil.*	*Nil.*	Donors of 10 guineas, and annual subscribers of 1 guinea, are Governors.	*No details given.*	*Nil.*	2 Surgeons and 1 Anæsthetist. *No details as to qualifications or election.*	*Nil.*
- -	1835	A General Meeting of the donors and subscribers is held in February each year. 10 days' notice of the meeting to be given by advertisement in two London morning papers, besides notice to the Committee.	Special Meetings may be called by the President, by the Treasurer, or by the Committee, and must be called by the President or Treasurer at the written request of not less than 12 donors or subscribers.	The Committee of Management consists of 12 donors or subscribers, in addition to the President, Treasurer, and Trustees, who are Members of the Committee *ex officio*. It meets when summoned to conduct the business of the Hospital. Three members form a quorum.	The House Committee consists of 8 members of the Committee of Management and the Honorary Solicitor. *No details are given.*	The Finance Committee consists of 6 members. The Building Fund Committee consists of 10 Members. *No details are given.*	The Honorary Medical Staff form themselves into a Committee when required.	There are Honorary Governors, who are elected by the donors and subscribers for services rendered to the Hospital.	Donors of 10 guineas in one or two payments, and annual subscribers of 3 guineas, are entitled to recommend 1 in-patient and 2 out-patients every year.	The Samaritan Fund is administered by a Committee. £77. 10*s.* 11*d.* were expended in 1880 in sending patients to and maintaining them at Convalescent Homes, giving help to patients and their families, and in providing tea and sugar.	1 Physician. 2 Surgeons. 2 Assistant Surgeons. The Physician must be a Fellow of the Royal College of Physicians of London, and the Surgeons and Assistant Surgeons must be Fellows of the Royal College of Surgeons of England. They are appointed by the Committee, and must retire at the age of 60 years.	*Nil.*
STONE	1860	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	*No information is given on this point.*	4 Surgeons. They are appointed by the Committee. No retiring age is fixed.	*Nil.*
FOREIGNERS:												
- -	1867	A General Meeting takes place yearly, at which the audited account of receipts and expenses, as well as questions of importance, are submitted.	*No details are given.*	The Committee of Management is composed of at least 12 members, or at most 24, besides an Honorary Secretary, an Honorary Steward, and an Honorary Treasurer, elected amongst the Governors. It meets monthly to conduct the affairs of the Hospital.	A Sub-Committee of 4 members of the Committee of Management meet at least once a fortnight to conduct the active management of the Hospital.	*Nil.*	The Medical Committee is composed of the Honorary Medical Staff; all questions relating to the hygiene of the Hospital and the general nursing of the patients are referred to it.	Donors of £25, and annual subscribers of 2 guineas, are Governors.	*Nil.*	There is a Convalescent Fund, from which £17. 16*s.* were drawn in 1890.	2 Physicians. 2 Surgeons. 1 ,, for Out-patients. 1 ,, Ophthalmic. They are appointed by the Committee of Management. No retiring age is fixed. *No details given as to qualifications.*	*Nil.*
- -	1845	An Annual Court of Governors is held in January or February in each year, to receive a report of work done and a financial statement of the previous year. Notice of all Courts to be at least twice advertised in two London daily papers.	Special Courts can be convened by the Honorary Secretaries, on a requisition addressed to them by at least 12 Governors, or by a resolution of the Committee, setting forth the object of such meeting.	The Committee consists of *ex-officio* members, viz., the President, Vice Presidents, Treasurer, Sub-Treasurer, Chaplain, Hon. Secretaries, the Senior Hon. Physician and the Senior Hon. Surgeon of the Hospital, and of 18 Governors elected at the Annual Court. It meets every fortnight to superintend and arrange the ordinary concerns of the Hospital. 5 members form a quorum.	There is a Board of Management, which consists of 7 Members of the Committee. *No details are given.*	*Nil.*	The Honorary Medical Officers of the Hospital and the Dispensaries form the Medical Board. Dispensaries in connection with the Hospital are established in the districts in which the greatest number of German mechanics and labourers reside. One is in Oxford Street, W., and another in Great Prescot Street, Goodman's Fields, E.	A donation of, or donations amounting to, 10 guineas, either in their own names or that of anonymous friends, shall constitute Life Governors, and annual subscribers of 1 guinea are Annual Governors.	Governors are entitled to one vote for every donation of 10 guineas or subscription of 1 guinea, but the total number of votes must not exceed 10, and to 6 letters for English out-patients.	There is a small Samaritan Fund, from which £29 were paid to patients in 1890. There is a Sanatorium connected with the Hospital, which is situated opposite the Hospital buildings. The Hospital also paid £148. 10*s.* to maintain patients at, and to send them to, Convalescent Homes.	2 Physicians. 2 Surgeons. 1 ,, Obstetric. 1 ,, Assistant. The Physicians and Surgeons must be natives of Germany, or prove themselves to be fully conversant with the German language and the peculiarities of German medical science. They must have a diploma from a foreign or British university, and be fully qualified to practise in this country.	*Nil.*
- -	1884	A General Meeting of Governors is held every year. *No details are given.*	*No information given.*	The Managing Committee consists of 22 Governors. *No details are given.*	*No information.*	*No information.*	*No information.*	*No information.*	*No information.*	*Nil.*	2 Physicians. 2 Assistant Physicians. 2 Surgeons. *Qualifications not given.* They are appointed by the Committee. No retiring age is fixed.	*Nil.*
-	Female, 1740 Male, 1862	There are Quarterly Courts of Governors; that held in April is the Annual Court, and the report for the previous year is presented to it.	*No information given.*	The Fortnightly Board consists of 10 Governors elected at the General Court. It is the Executive Committee of the Hospital.	*Nil.*	*Nil.*	There is a Medical Committee, composed of the Honorary Medical Staff. There is also a Ladies' Committee; it deals with the affairs of the Rescue Home.	Donors of £50 in one payment, or in two payments within two years, and annual subscribers of 5 guineas, are Governors.	Governors have an unlimited privilege of recommending patients, provided that not more than one patient be in the Hospital at one time.	*Nil.*	1 Physician. 2 Surgeons at the Female Hospital. 1 ,, ,, Male ,,	The Surgeons may introduce pupils to see the practice at the Male Hospital; and any qualified medical men may attend at either Hospital upon application.
-	1749	An Annual General Meeting of Governors is held in March. It considers the report and balance sheet for the past year. 7 days' notice of the meeting must be given to each Governor and published in two London daily papers. 7 Governors form a quorum.	Special General Meetings may be called at any time by the Board of Management, or on a written requisition signed by 10 Governors. Notice must be given of the meeting in the same way as for the Annual General Meeting.	The Board of Management consists of 15 Governors elected at the Annual General Meeting. It meets monthly or bi-monthly, as may be necessary, and has the entire control of the affairs of the Hospital.	*Nil.*	The Finance Committee consists of 3 members of the Board of Management. It meets monthly, and examines all the accounts and reports thereon to the Board of Management. There is a Ladies' Committee.	*Nil.*	Donors of 20 guineas and upwards in one sum, and annual subscribers of 2 guineas, are Governors.	Governors are entitled to recommend 1 in-patient and 4 out-patients in each year.	*Nil.*	3 Physicians. The Physicians must be Fellows or Members of the Royal College of Physicians, or to have a degree in Medicine in one of the Universities of the United Kingdom, and not practising Pharmacy. They are appointed by the Governors. No retiring age is fixed.	Midwives are trained. They pay a fee of 10 guineas for a 3 months' course.

J.—Special Hospitals in the Metropolis.—II. Notes respecting their System of Government—*continued.*

NAME.	Founded.	COURTS.		COMMITTEES.				GOVERNORS.		Samaritan Fund.	Medical and Surgical Staff; Qualifications and Election of.	Instruction
		Annual.	Special.	Management.	House.	Finance.	Medical.	Qualifications of.	Privileges of.			
LYING-IN HOSPITALS—*continued.*												
City of London	1750	A General Court of Governors is held in February every year. It receives a report from all Committees, and transacts any other business relating to the Charity. The meeting to be duly advertised 14 days before.	A Special Court may be called by the Committee, or upon the requisition of any 5 Governors addressed in writing to the Treasurer or Secretary. 9 Governors form a quorum of General Courts.	The Committee of Management consists of the Vice-Presidents, Treasurer, Trustees, and 12 Governors. It meets monthly to direct the affairs of the Charity. 3 members form a quorum.	Two members of the Committee of Management meet every week to admit and discharge patients, and report their proceedings from time to time to the Committee.	The Finance Committee consists of 5 members appointed by the General Court. It meets at least once in each quarter to examine and pass the tradesmen's accounts, and to inquire into any other matters connected with the financial interests of the institution.	*Nil.*	Donors of 10 guineas or upwards, and annual subscribers of 1 guinea, are Governors.	Governors giving a donation of 10 guineas can recommend 3 in-patients and 10 out-patients in each year. Governors subscribing 1 guinea can recommend 6 out-patients.	There is a Samaritan Fund, which supplied in 1890 flannel, clothing, and money to poor patients, the cost of which was £48. 18*s.* 10*d.*	1 Surgeon Accoucheur and 8 District Surgeons. The Surgeon Accoucheur must be a Fellow or Member of the Royal College of Surgeons of England. He is appointed by the Court of Governors. No retiring age is fixed.	There is a Training for Midwives and Nurses.
General	1765	An Annual General Meeting of Governors is held in January, at which the report of the Committee of Management for the past year, with the accounts duly audited, are received. Notice of the meeting must be given in two or more London daily newspapers.	Special General Meetings may be called by the Committee, or on a written requisition from any 5 Governors, signifying the purpose for calling the same. One week's notice of the meeting must be given in two or more London daily newspapers. 7 Governors form a quorum at all General Meetings.	The Committee of Management consists of the Treasurer and 12 Governors elected at the Annual Meeting. It meets every week, and conducts and controls the management of the Hospital. 3 members form a quorum.	*Nil.*	*Nil.*	The Medical Committee consists of the Chairman of the Committee of Management, who is *ex-officio* Chairman of the Medical Committee, the Consulting Physician and Surgeon, the Physicians, Accoucheur, and the Physician to the Out-patients, together with 2 members nominated by the Committee of Management. It meets monthly to consider and report upon matters connected with the medical affairs of the Hospital.	Donors of 30 guineas or upwards, and annual subscribers of 3 guineas, are Governors.	Governors are entitled to recommend every year 3 in-patients and 3 out-patients.	*Nil.*	2 Physicians. *No information with regard to their qualifications.* They are appointed by the General Meeting of Governors. No retiring age is fixed.	Midwives and Nurses are trained.
Queen Charlotte's	1752	An Annual General Meeting is held in February. It receives the annual report, audited accounts, and balance sheet of the previous year. It elects the Committee of Management and Auditors for the ensuing year. Circular notices of the meeting are issued to all the Governors.	*No information is given on this point.*	The Committee of Management consists of not less than 20 nor more than 30 Governors, elected at the Annual Meeting, with the President, Vice-Presidents, Treasurer, and the Physicians to the In- and Out-patient Departments as *ex-officio* members. It meets monthly to supervise the affairs of the Hospital. It appoints two or more of its number to act as Visitors.	The Visitors act as a House Committee.	The Visitors act as a Finance Committee.	*Nil.*	Donors of 30 guineas, and annual subscribers of 3 guineas, are Governors.	Governors are entitled to recommend 2 in-patients and 3 out-patients annually.	The Londesborough Samaritan Fund gave £8. 10*s.* to poor patients who were destitute on leaving the Hospital, and a donation of £5 to St. Mary's Kitchen, leaving the Fund with a balance credit of £90. 10*s.* 1*d.*	2 Physicians for in-patients. 2 ,, ,, out-patients. *No information is given as to their qualifications.* They are appointed by the Governors at a General Meeting. No retiring age is fixed.	There is a Midwifery School, established in 1884, of which £3,112. 4*s.* 6*d.* was expended in 1890. £201 12*s.* was paid to lecturers. The remainder was for the purposes and expenses of maintaining the Institution.
HOSPITALS FOR PARALYSIS AND EPILEPSY:												
Portland Terrace	1866	An Annual Meeting of the Governors and Contributors is held in March, or as soon after as may be. It receives a report and audited financial statement for the year ending 31st December previous to the meeting. At least one week's notice of the meeting is given by advertisement in two or more London daily papers. 5 members form a quorum.	The Committee of Management can at any time, and must, on a requisition signed by not less than 20 Governors, stating the object of the requisition, summon a Special Meeting of the Governors, Contributors, and others entitled to vote at the Annual Meeting.	The Committee of Management consists of Governors, Subscribers, Contributors, and members of the Medical Staff, active or consultative; but of not more than 12 members, of whom not more than one-half shall be members of the Medical Staff. The general conduct of affairs of the Institution is vested in this Committee. It can appoint sub-committees. 3 members form a quorum.	There is no Standing House Committee.	There is no standing Finance Committee.	*Nil.*	Donors of 30 guineas, and annual subscribers of 5 guineas, are Governors.	Governors are entitled to vote at General Meetings, and to recommend 2 in-patients and 6 out-patients annually.	£11. 18*s.* 0*d.* were expended from the 'George Sturge' Samaritan Fund in 1890, mainly in sending and maintaining patients at Convalescent Homes. The Fund had a balance credit on the 31st December 1890, of £15. 16*s.* 5*d.*	3 Physicians. 2 ,, in charge of Out-patients. 2 Surgeons. 1 ,, Ophthalmic. *No information is given as to their qualifications.* They are appointed by the Committee of Management. No retiring age is fixed.	Yes.
National, for the Paralysed and Epileptic	1859	An Annual General Meeting is held, and is called the Ordinary General Meeting. It receives a report of the proceedings of the past year and a duly audited statement of receipts and expenditure for that period. 7 days' notice is given by advertisement in one or more of the public journals. 7 Governors, exclusive of Medical Officers, form a quorum.	The Board may summon a Special General Meeting at any time, and upon any 20 Governors signing a requisition the Board shall summon a Special Meeting.	The Board of Management consists of not less than 12 members elected by the Governors. The President, the Vice-President, Treasurer, Honorary Secretary and Trustees shall be *ex-officio* members of the Board. It meets monthly to conduct and manage the affairs of the Hospital. 3 members form a quorum.	The House Committee is a Sub-Committee of the Board of Management. It meets once a fortnight and transacts the ordinary business of the Hospital. 2 members form a quorum. There is also a Ladies' Committee.	The Finance Committee is a Sub-Committee of the Board of Management. It meets monthly, or oftener, to examine the books and to check the expenditure of the Hospital. 2 members form a quorum.	The Medical Committee consists of the Physicians, the Assistant Physicians, and Surgeon, and of 2 members of the Board of Management elected by the Board. It meets when it is considered necessary, to consult on matters connected with the medical department of the Hospital.	Donors of 30 guineas or upwards, paid in one sum, and annual subscribers of 3 guineas, are Governors.	Governors are entitled to vote at the General Meetings, and are entitled to recommend 1 patient annually for every 5 guineas contributed.	There is no Samaritan Fund, but the Hospital has a convalescent branch at East Finchley.	Physicians. 2 Surgeons. 2 ,, Assistant. 2 ,, Ophthalmic. 4 ,, for Out-patients. 1 ,, Aural. 1 ,, Laryngologist. They are appointed by the Board of Management. The retiring age is 60 years.	*No information.*
National, for Heart	1857	An Annual Meeting of Governors is held in March. It elects the General Committee and the officers of the institution. Notice of the meeting must be given by advertisement in two leading daily papers at least 1 week previous to such meeting.	Special General Meetings can be summoned by the General Committee giving 7 days' notice to every Governor.	The General Committee consists of not less than 10 nor more than 18 members elected at the Annual General Meeting. It meets monthly for the transaction of the business of the Hospital. 3 members form a quorum.	*Nil.*	A Sub-Committee nominated by the General Committee meets every week to examine and pass accounts. It consists of not less than 5 nor more than 12 members. 3 members form a quorum.	*Nil.*	Donors of 5 guineas, and annual subscribers of 1 guinea, are Governors.	Governors are entitled to recommend 1 in-patient and 4 out-patients every year.	There is a small Samaritan Fund, from which grants were given to poor patients to the amount of £5. 10*s.* in 1890.	3 Physicians. 1 Surgeon. 1 Anæsthetist. 1 ,, Assistant. *No information given with regard to their qualifications.* They are appointed by the Committee. No retiring age is fixed.	No.
West-End, for Epilepsy	1878	There is an Annual Meeting of Governors. 1 week's notice must be given by public advertisement or circular. 10 Governors form a quorum	A Special General Meeting may be called at any time by the Committee of Management. 1 week's notice must be given. 15 Governors form a quorum.	The Committee of Management consists of the President, Treasurer, Chaplain, the Senior Physician, and 1 other Physician, and 18 elected members. It meets monthly, and conducts the affairs of the Hospital. 5 members form a quorum.	*Nil.*	*Nil.*	*Nil.*	Donors of 25 guineas, and annual subscribers of 1 guinea, are Governors.	Governors can vote at any General Meeting, and may recommend 3 out-patients.	*Nil.*	3 Physicians. 1 Surgeon. 1 Ophthalmic Surgeon. Physicians must be Doctors or Bachelors of Medicine of an University of the United Kingdom, not practising Pharmacy or Midwifery. Surgeons must be Members or Fellows of the Royal College of Surgeons of England. They are appointed by the Committee of Management; No retiring age is fixed.	No.

J.—Special Hospitals in the Metropolis.—II. Notes respecting their System of Government—*continued*.

	Founded.	COURTS.		COMMITTEES.				GOVERNORS.		Samaritan Fund.	Medical and Surgical Staff; Qualifications and Election of.	Instruction.
		Annual.	Special.	Management.	House.	Finance.	Medical.	Qualifications of.	Privileges of.			
ITALS : - -	1843	An Annual General Meeting is held in February. Notice must be given 7 days previously, either by advertisement in two or more London daily papers, or by circular sent to each Governor. 5 Governors form a quorum.	A Special General Meeting may be convened at any time, on a written requisition of the President, or of the Chairman and 3 other members of the Committee, or of 10 Governors alone; notice specifying the object of the meeting having been given 7 days previously.	The Committee of Management consists of not less than 12 Governors, elected at the Annual General Meeting. The President, Vice-Presidents, Trustees, Treasurer, and the 3 Surgeons are *ex-officio* members. It meets monthly to control the affairs of the Hospital. 3 members form a quorum.	*Nil.*	The Finance Committee consists of 5 members of the Committee of Management. 3 members form a quorum.	*Nil.*	Donors of 10 guineas in any one year, and annual subscribers, are Governors.	Governors are entitled to vote at General Meetings and to recommend 1 in-patient and 6 out-patients annually.	*Nil.*	3 Ophthalmic Surgeons. 3 " " Assistant. They must be Fellows or Members of the Royal College of Surgeons of London, Edinburgh, or Dublin, and have attended the practice of some Ophthalmic Institution for 6 months. They are appointed by the Committee, and they must retire at 65 years of age.	Clinical Assistants are appointed for a term of 6 months, who pay a fee.
- -	1804	An Annual General Meeting is held in January, February, or March, at which a financial statement shall be presented. 7 Governors form a quorum. 7 days' notice must be given of all General Meetings by advertisement in two London daily papers.	A Special General Meeting may be convened by the Secretary at any time on a vote of the Committee, or on a written requisition of the President, or of 3 members of the Committee, or of any 10 Governors.	The Committee of Management consists of the President and not more than 24 members elected by the Annual Meeting of Governors. It manages the affairs of the Hospital in every respect. 3 members form a quorum.	*Nil.*	*Nil.*	The Medical Board consists of the Honorary Consulting and Visiting Medical Staff. It consults on all matters connected with the medical department, and reports to the Committee from time to time.	Donors of 10 guineas or upwards, and annual subscribers of 1 guinea or upwards, are Governors.	Governors are entitled to vote at General Meetings.	There is no Samaritan Fund, but in 1890 the Hospital, provided 1,032 pairs of spectacles free of cost, the recipients being too poor to pay for them; and 173 artificial eyes have been supplied to those who required them. The amount expended in this manner was £259. 14*s.* 2*d.*	1 Physician. 7 Surgeons. 2 Assistant Surgeons. The Physician must be a Fellow of the Royal College of Physicians of London. Surgeons and Assistant Surgeons must be Fellows of the Royal College of Surgeons of England. They are appointed by the Governors, and must retire at 60 years of age.	There is an Ophthalmological School; in 1890 there were 79 students (qualified). The fee for a perpetual ticket is £5. 5*s.*; for a 6 months' course, £3. 3*s.* The total amount received was £312. 18*s.*
DON -	1857	An Annual General Meeting is held in February. 7 days' notice must be given by advertisement in at least one daily paper, and by circular to each Governor. 10 Governors form a quorum.	A Special Meeting of Governors may be summoned by the Committee or on the written requisition of the President, or of 3 members of the Committee, or of any 10 Governors. 7 days' notice must be given, as for the Annual Meeting.	The Committee of Management consists of 10 Governors elected at the Annual Meeting, the Surgeon, and the Auditors. It meets monthly, except in September; it has full powers to manage the Hospital. 3 members form a quorum.	*Nil.*	*Nil.*	*Nil.*	Donors of 10 guineas or upwards in any one year, and annual subscribers of 1 guinea, or Governors.	Governors are entitled to vote at all General Meetings of Governors and to recommend 1 in-patient and 10 out-patients annually.	*Nil.*	3 Surgeons and 1 Assistant Surgeon. The Surgeon and the Assistant Surgeon must be Fellows of a British College of Surgeons or Graduates in Surgery of either Cambridge or London Universities. They are appointed by the Committee. There is no fixed retiring age.	*Nil.*
R -	1816	An Annual General Meeting is held in March. The meeting is advertised in the *Times* newspaper not less than 7 days previously. Notice also must be given by circular to each Governor. 7 Governors form a quorum.	A Special General Meeting can be convened at any time by the Committee, or on a written requisition by the Chairman or Treasurer, or of any 10 Governors. 7 days' notice of the meeting to be given.	The Committee of Management consists of the President, Vice-President, Chairman, Trustees, and Honorary Surgeons as *ex-officio* members, and not less than 7 members elected at the Annual General Meeting. It meets monthly, and controls the affairs of the Hospital. 3 members form a quorum.	A standing Committee consisting of 5 members was appointed for the purpose of reorganising the nursing and domestic establishment of the Hospital.	The Finance Committee consists of 3 members of the Committee of Management. All claims upon the Hospital are submitted to it for inspection and approval before payment. 2 members form a quorum.	*Nil.*	Donors of 10 guineas or upwards, and annual subscribers of 1 guinea, are Governors.	Governors are entitled to vote at all General Meetings of Governors.	There is a Ladies' Committee consisting of 10 ladies, with power to add to their number. It was appointed to visit and direct the domestic affairs of the Hospital.	5 Surgeons and 2 Assistant Surgeons. They must be Fellows of the Royal College of Surgeons of England. In addition they must have been Surgeons or Assistant Surgeons to a recognised General Hospital, or have *bonâ fide* held office as teachers in such Hospital or Medical School during 2 years, or have served the office of Clinical Assistants at an Ophthalmic Hospital for 3 years. They are appointed by the Committee subject to confirmation by a General Meeting. The retiring age is 60 years.	There is a Medical School, where 48 students were on the books on the 1st January 1890, and 58 joined in that year. The fee for a perpetual ticket is £5. 5*s.*; for a 6 months' course, £3. 3*s.*; and for a single course, £1. 1*s.* The total amount received in 1890 was £172. 4*s.*, and £119. were paid to lecturers.
-	1856	An Annual General Meeting is held in the month following the audit. It receives a report from the Committee of the past year. 5 Governors form a quorum.	Any 3 Governors have the power to call a Special General Meeting, of which 21 days' notice must be given by the Secretary to each Governor.	The Committee of management consists of the Treasurer and 15 ladies and gentlemen (Governors) elected at the Annual Meeting. It meets monthly, and has the entire control and management of the Hospital. 3 members form a quorum.	Two members of the Committee of Management are appointed every month to act as visitors and supervise the affairs of the Hospital. 8 ladies form a committee called 'The Ladies' Committee.'	The Finance Committee consists of 3 members of the Committee of Management.	*Nil.*	Donors of 10 guineas or upwards, and annual subscribers of 1 guinea, are Govenors.	Governors are entitled to 3 out-patients' letters or to 1 in-patients' letter every year.	*Nil.*	3 Surgeons and 3 Assistant Surgeons. They must be Fellows or Members of the Royal College of Surgeons of England or Edinburgh, and must have attended the practice of an Ophthalmic Institution for 1 year. They are appointed by the Committee. No retiring age is fixed.	*Nil.*
ALS : -	1851	An Annual Meeting of Governors is held. *No details given.*	*No information given.*	The Committee consists of 10 Governors elected at the Annual Meeting and the Senior Surgeon. *No details given.*	*Nil.*	*Nil.*	*Nil.*	Donors of 10 guineas, and annual subscribers of 1 guinea, are Governors	*No information given.*	*Nil.*	1 Surgeon. *No information as to qualification.* Appointed by the Governors. No retiring age is fixed.	*Nil.*
-	1830	An Annual Meeting of the Governors is held in February. It receives the report of the work done in the foregoing year. Not less than 7 days' notice is given of these meetings by advertisement in at least two of the London daily papers.	A Special General Meeting of Governors may be called at any time by the Committee. 1 week's notice must be given of such meeting by public advertisement, specifying the object. 7 Governors form a quorum.	The Committee of Management consists of 11 Governors, elected at the Annual Meeting, with the President, Treasurer, and Trustees *ex officio* members. It meets monthly to conduct generally the affairs of the Hospital. 3 members form a quorum.	There is a Committee of ladies appointed at each General Meeting to assist and visit the Hospital.	*Nil.*	*Nil.*	Donors of 10 guineas in one sum, and annual subscribers of from 1 to 4 guineas to the General Fund, are Governors. Donors of from 10 to 50 guineas to the Rebuilding Fund are Governors.	Governors are entitled to vote at General Meetings according to their subscriptions, viz., every guinea subscription, and every 10-guinea donation, confers one vote. No Governor can have more than 10 votes. Governors are entitled to 5 out-patients' letters for each guinea subscribed.	£8 were spent from the 'George Stuart' Samaritan Fund, and £14. 18*s.* from the Aid Fund Account, in 1890, for the benefit of the patients. These funds show balance credits of £11. 11*s.* 6*d.* and £136. 13*s.* 6*d.* respectively.	1 Physician. 2 Surgeons. 1 Assistant Surgeon. The Physician must be a Fellow or Member of the Royal College of Physicians of London, and a Graduate in Medicine in a University recognised by the Medical Council. The Surgeons and Assistant Surgeon must be Fellows or Members of the Royal College of Surgeons of England, not practising Midwifery or Pharmacy. They are elected by the Governors at a General Meeting. They must retire at 60 years of age.	*Nil.*
-	1838	Two General Courts are held in each year, one called 'The Annual Court,' in the month of February or March, and the other called "The Half-yearly Court," in August or September; both of which are convened by advertisement in one or more daily newspaper 10 days before, and on the day of meeting.	A Special Court can be convene by the President or any 5 Governors, by notice in writing to the Committee of Management. 10 days' notice to be given to each Governor.	The Committee of Management consists of not less than 12 Governors elected at the Annual Court, with the President and Vice-Presidents as *ex-officio* members. It meets every week to conduct the affairs of the Hospital. 3 members form a quorum.	Two Visitors are appointed by the Committee of Management every fortnight, who shall report to the Committee regularly the state of the Hospital, and as to other internal matters.	The Finance Committee consists of 3 members. It examines and passes all accounts. 2 members form a quorum.	*Nil.*	Donors of 10 guineas in one year, and annual subscribers of 1 guinea, are Governors.	Governors are entitled to vote at elections and to recommend patients.	*Nil.*	4 Surgeons and 1 Assistant Surgeon. They must be Fellows of the Royal College of Surgeons of England.	No School, but students are admitted to the practice of of the Hospital on the following terms: Perpetual ticket £10. 10*s.* For one year £5. 5*s.* For 6 months £3. 3*s.*

J.—Special Hospitals in the Metropolis.—III.—Notes respecting their System of Government.

NAME.	Founded.	COURTS.		COMMITTEES.				GOVERNORS.		Samaritan Funds.	Medical and Surgical Staff: Qualifications and Election of.	Instruc
		Annual.	Special.	Management.	House.	Finance.	Medical Council.	Qualification of.	Privileges of.			
HOSPITAL FOR SEAMEN ('DREADNOUGHT.')	1821	There is an Annual Meeting of Governors held in February, and Quarterly Courts. 15 Governors form a quorum.	*No information given.*	The Committee of Management meet fortnightly. It is the Executive Committee of the Hospital. 3 members form a quorum. *No further details given.*	*Nil.*	The Finance Committee meets monthly to examine all accounts. *No further details given.*	*Nil.*	Donors of 10 guineas or annual subscribers of 1 guinea are Governors.	Governors can attend and vote at all General Meetings.	*Nil.*	2 Physicians and 2 Surgeons. *No information as to qualifications.* They are appointed by the Committee of Management. No retiring age is fixed.	
HOSPITALS FOR SKIN DISEASES:												
BRITISH - - - -	1864	*No information given on these points.*			*No information given on these points.*		*Nil.*	Every Donor of 25 guineas is a Life Governor.	Life Governors are entitled to recommend 3 in-patients and 10 out-patients annually.	*Nil.*	1 Surgeon and 1 Assistant Surgeon. *No information as to qualifications.* They are appointed by the Committee. The retiring age is 65 years.	
HOSPITAL FOR SKIN DISEASES.	1841	An Annual Meeting of Governors is held to elect the Committee of Management, receive reports, and pass accounts.	*No information.*	The Committee of Management consists of Governors of the Hospital annually elected, and of the Physicians and Surgeons of the Hospital, and the Honorary Solicitor. It manages the affairs of the Hospital, subject only to the control of the Annual Meeting of Governors. 2 members form a quorum.	*Nil.*	*Nil.*	*Nil.*	Donors of 20 guineas or upwards are eligible to be Life Governors, and so also are annual subscribers of 1 guinea when their subscriptions amount to 3 guineas.	Life Governors can nominate in-patients who pay for their board; all Governors may recommend *needy afflicted* people as out-patients.	*Nil.*	1 Physician and 3 Surgeons. The Physician must be a Graduate in Medicine of one of the English Universities, and also a Member of the Royal College of Physicians of London. The Surgeons must be Fellows of the Royal College of Surgeons of England. They are appointed by the Committee. No retiring age is fixed.	Practice of t open to students and
LONDON - - - -	1887	An Annual General Meeting of Governors is held to receive the report of the previous year, 6 days' notice of meeting must be given by letter and by public advertisement.	A Special General Meeting may be convened at any time by the Secretary, upon a written requisition of the President or any Vice-President, or of any 4 members of the Committee, or of any 7 of the Governors.	The Committee of Management consists of not less than 12 Governors elected at the Annual Meeting. It meets once a quarter, and has general control over the affairs of the Hospital. 3 members form a quorum.	*Nil.*	*Nil.*	*Nil.*	Donors of 10 guineas or upwards, and annual subscribers of 1 guinea, are Governors.	Governors subscribing 1 guinea or giving a donation of 10 guineas are entitled to recommend 3 out-patients.	*Nil.*	2 Surgeons. 2 Medical Officers and 1 Assistant Medical Officer. The Surgeons must be Fellows or Members of a British College of Surgeons; and the Physicians, Graduates of a British University, or Fellows or Members of a British College of Physicians. They are appointed by the Committee. No retiring age is fixed.	Medical pra students a attend the Hospital.
ST. JOHN'S - - -	1863	An Annual General Meeting is held in May, when the annual report is presented, and the Board of Management is elected. 7 days' notice of the meeting must be given in any 4 London daily papers. 25 members form a quorum.	A Special General Board may be called by the President, Board of Management, or by a written requisition signed by any 30 members. 40 members form a quorum.	The Board of Management consists of not less than 10 members elected at the Annual General Board. It meets monthly to conduct the affairs of the Hospital. 2 members form a quorum.	A House and Finance Committee, consisting of the Treasurers, 2 members of the Board of Management, and a member of the Medical Staff, serving in rotation, meets once a week and manages the routine work of the Hospital.	*See* House Committee.	*Nil.*	Donors of 10 guineas or upwards, and annual subscribers of 1 guinea, are Governors.	Governors subscribing 1 guinea are entitled to 3 out-patients letters; 2 guineas, 6 ditto; 3 guineas, 1 in-patient and 3 out-patient ditto.	No Samaritan Fund, but there is a Convalescent Home at Finchley connected with the Hospital.	3 Physicians. 2 Assistant Physicians. 2 Surgical. Their qualifications are not mentioned in the rules. They are appointed by the Board of Management. No retiring age is fixed.	Lectures are g dinners are There were in 1890 guineas, and 1 guinea
WESTERN - - -	1851	An Annual Meeting of Governors is held. *No details given.*	*No information.*	The Committee of Management consists of 10 or 12 members elected by the Governors annually. It meets at least once a month, and generally manages the Institution. 4 members form a quorum.	*Nil.*	*Nil.*	*Nil.*	Donors of 10 guineas and annual subscribers of 1 guinea are Governors.	Governors are entitled to recommend 6 out-patients annually, and to 1 vote at all general elections.	*Nil.*	3 Physicians. They must be registered Graduates in Medicine, and not practising Midwifery or Pharmacy. They are appointed by the Committee. No retiring age is fixed.	
THROAT AND EAR HOSPITALS:												
CENTRAL - - -	1874	*No information has been received from this Institution.*										
THE HOSPITAL FOR DISEASES OF, GOLDEN SQUARE.	1863	The Annual General Meeting is held in January. A printed notice of such meeting must be sent to each subscriber 14 days before the meeting, or by public advertisement. 10 subscribers form a quorum.	A Special General Meeting can be convened by the Committee of Management, or by a requisition signed by any 20 subscribers addressed to the Secretary.	The Committee of Management consists of not more than 21 subscribers, elected at the Annual Meeting, and of the President, Trustees, Dean of Medical Council, Honorary Chaplains, Honorary Secretary, and Treasurer, who are *ex-officio* members.	*Nil.*	The Finance Committee consists of 6 members. *No details given.*	The Medical Council is mentioned, but *No details are given.*	Donors of 25 guineas or upwards at one time are eligible to be elected Life Governors. Annual subscribers of 1 guinea are Annual Governors.	Life Governors are entitled to recommend 1 in-patient and 2 out-patients annually, and to 3 votes at General Meetings. Annual Governors can recommend 1 out-patient annually, and have 1 vote at General Meetings.	The Samaritan Society has a fund which is administered by a Committee; in 1890, £37 10*s.* 8*d.* were expended in relieving poor patients and in sending them to Convalescent Homes.	3 Physicians. 1 Surgeon. 2 Assistant Surgeons. *No information as to qualifications.* They are appointed by the Committee of Management. The retiring age is 60 years.	Students are of the were allo The fee course, months
LONDON - - - -	1887	*No information has been received from this Institution.*										
METROPOLITAN INFIRMARY.	1838	An Annual General Meeting is held. *No details given.*	*No information.*	The Committee of Management consists of 12 members elected at the Annual Meeting, and the Medical Officers, Consulting Surgeons, and Honorary Secretary are *ex-officio* members. It meets quarterly and conducts the affairs of the Institution. 3 members form a quorum.	*Nil.*	*Nil.*	*Nil.*	Donors of 5 guineas are Life Governors.	Life Governors can recommend 1 patient annually.	*Nil.*	2 Physicians. *No information as to qualifications.* They are appointed by the Committee. No retiring age is fixed.	
HOSPITALS FOR WOMEN AND CHILDREN:												
GROSVENOR - - -	1866	A General Meeting of the Governors is held in the spring of each year. Notice of the meeting is sent to each Governor and advertised in 2 daily papers.	Special Meetings may be called by the Committee at any time; notice of the meeting is sent to each Governor 10 days before such meeting.	The General Committee consists of not less than 10 Governors elected at the Annual General Meeting. It meets monthly generally to supervise and manage the affairs of the Hospital. 3 members form a quorum.	*Nil.*	The Finance Committee consists of 3 members, and acts as a Sub-Committee of the General Committee.	*Nil.*	Donors of 5 guineas and annual subscribers of 1 guinea are Governors.	Governors can recommend 10 out-patients.	*Nil.*	2 Physicians and 2 Surgeons. They must be Fellows or Members of their respective Royal Colleges. They are appointed by the General Committee. No retiring age is fixed.	
THE ROYAL - - -	1816	There is an Annual Court of Governors, which meets in the month of February. *No details given.*	*No information given.*	The Committee of Management consists of 14 Governors elected at the Annual Court. *No details are given.*	*No information given.*	*No information given.*	*Nil.*	Donors of 10 guineas and annual subscribers of 1 guinea are Governors.	Governors are entitled to letters of admission for 1 in-patient and 10 out-patients annually.	There is a small Samaritan Fund from which was expended £30 12*s.* 5*d.* in 1890 for sending patients to Convalescent Homes.	4 Physicians and 1 Surgeon. *No information given as to qualifications.* They are appointed by the General Committee of Management. No retiring age is fixed.	

J.—Special Hospitals in the Metropolis.—III. Notes respecting their System of Government—*continued*.

NAME	Founded	COURTS.		COMMITTEES.				GOVERNORS.		Samaritan Funds.	Medical and Surgical Staff: Qualifications and Election of.	Instruction.
		Annual.	Special.	Management.	House.	Finance.	Medical Council.	Qualification of.	Privileges of.			
FOR WOMEN AND CHILDREN—*continued*.												
ON FREE - -	1847	An Annual Meeting is held. 7 days' notice must be given by advertisement in 2 London daily papers. It receives a report of the proceedings of the previous year and a duly audited account of the receipts and expenditure. 7 Governors form a quorum.	A Special General Meeting may be called at any time by the Committee of Management, or by the Secretary on the requisition of 5 Governors, the purpose for which such meeting is called being stated in the requisition. 7 days' notice of the meeting must be given by advertisement in 2 London daily papers.	The Committee of Management consists of the President, Vice-Presidents, Chaplains, Treasurer, Trustees, and Consulting Medical Officers, who are *ex-officio* members of the Committee, and 21 Governors elected at the Annual Meeting. It meets monthly and conducts the general management of the Hospital. 3 members form a quorum.	The House Committee consists of 5 members chosen annually from, and by, the Committee of Management. It meets once a week to conduct the affairs of the Hospital during the interval of the meetings of the Committee of Management. 2 members form a quorum.	The Finance Committee consists of 5 members of the Committee of Management. It meets monthly and examines all accounts. 2 members form a quorum. There is a Ladies' Committee.	The Medical Committee consists of the Consulting Physicians, the Consulting Surgeons, the Physicians, and the Surgeons. It meets at least once in three months to entertain and report upon all medical matters connected with the Hospital.	Donors of 20 guineas or upwards in one year, and annual subscribers of 2 guineas, are Governors.	Every Governor is entitled to attend and vote at all Annual and Special General Meetings, and to visit the wards and other departments of the Hospital at all reasonable hours with the knowledge of the Matron.	There is a Samaritan Fund, which is administered by the Ladies' Committee. In 1890 £15 9*s.* were expended on patients.	4 Physicians. 4 Surgeons. 3 ,, for Out-patients. 3 ,, for Out-patients. The Physicians must be Graduates in Medicine of a University of the United Kingdom, or of M.D. graduates of a foreign University, also Fellows or Members of the Royal College of Physicians, England. Surgeons must be Fellows of one of the Colleges of the United Kingdom, or M.S. of a British University. They are appointed by the Committee of Management, and must retire at the age of 65.	*Nil.*
FOR WOMEN:												
- - -	1871	A General Meeting of the Governors is held annually, when the proceedings of the year are reported. 7 days' notice must be given of the meeting, and also advertised in 2 London morning papers.	A Special Meeting of Governors may be called at any time by the Board of Management on the written requisition of 25 Governors stating for what purpose the meeting was intended. 7 members form a quorum.	The Board of Management consists of not more than 25 and not less than 15 Governors, who are elected annually at the General Meeting. It meets monthly to conduct the general management of the Hospital. 3 members form a quorum.	The House Committee consists of the Treasurer, 2 Physicians, and 3 lay members. It meets weekly, or more frequently if necessary, to transact the ordinary business of the Hospital.	The Finance Committee consists of 4 members, including the Treasurer, and they meet at least once a month to examine the books and check the expenditure of the Hospital. There is a Ladies' Committee.	There is a Drug Committee, which meets once a month to examine and check the amount of drugs in stock.	Donors of 20 guineas or upwards and annual subscribers of 3 guineas are Governors.	Governors may recommend 1 in-patient and 6 out-patients annually.	There is a small Convalescent Fund, which expended £18 *s.* 6*d.* in 1890. There is also a Convalescent Home Fund, which shows a balance credit of £4,526.	3 Surgeons, and 6 Surgeons for Out-patients. *No information given as to qualifications.* They are appointed by the Board of Management. The retiring age is 65.	*Nil.*
FOR, SOHO	1842	An Annual General Meeting is held. 10 days' notice is either sent by post to each Governor, or advertised in 2 or more of the London morning newspapers. The annual report is considered and the balance sheet presented. 10 Governors form a quorum.	A Special Meeting may be called upon the written request of 20 Governors, the object of convening the meeting being stated in writing.	The Committee of Management consists of not more than 21 nor less than 12 members. It meets once a month for the transaction of the business of the Hospital. 3 members form a quorum.	*Nil.* There is a Ladies' Committee, which meets at the Hospital at least once a month. They act as Visitors to the Hospital. It consists of not more than 15 nor less than 6 ladies who are Governors, and are appointed by the Committee of Management.	*Nil.*	The Medical Committee consists of the Honorary Medical and Surgical Staff. It meets monthly or oftener. It considers all questions relative to the medical service of the Hospital. It also manages the affairs of the School of Medicine. 3 members form a quorum.	Donors of 30 guineas or upwards, and annual subscribers of 3 guineas, are qualified to be elected as Governors.	Governors may recommend 1 in-patient annually.	There is a Samaritan Fund, from which £167 6*s.* 4*d.* were expended in 1890 in sending patients to Convalescent Homes, for surgical appliances, and in other ways.	3 Physicians. 1 Surgeon. 3 ,, for Out-patients. 1 ,, for Out-patients. *No information given as to qualifications.* They are appointed by the Governors of the Hospital, and must retire at the age of 65 years.	Qualified Medical men can obtain tickets to admit them to the out-patient practice.
- - -	1806	An Annual General Meeting is held. *No particulars given.*	*No particulars given.*	The Committee of Management consists of 12 members, the Treasurer, Honorary Secretary, and 4 members of the Medical Staff. *No details given.*	*Nil.*	The Finance Committee consists of 4 members. *No details given.*	*Nil.*	Donors of 20 guineas in one or two payments and annual subscribers of 2 guineas and upwards, are Governors.	Governors are entitled in each year to recommend 10 out-patients free of the entrance fee, provided that such recommendations are given *only to persons who are legitimate objects for medical charity.*	There is a small Samaritan Fund, from which in 1890 £4 4*s.* were expended in sending 7 patients to Convalescent Homes.	3 Physicians and Surgeons, 3 Physicians and Surgeons for Out-patients, and 1 Ophthalmic Surgeon. *No information given as to qualifications.* They are appointed by the Managing Committee. No retiring age is fixed.	*Nil.*
S HOSPITALS:												
ACCIDENTS	1855	An Annual General Meeting of Governors is held in March. It receives the Report of the Committee, the accounts of the Treasurer, and transacts other general business. Notice of meeting is given by advertisement in the *Times* and one other London and two local newspapers, and by postal notice to each Governor.	A Special General Meeting may be called at the discretion of the Committee, and if demanded by 7 Governors must be called within 14 days of the receipt by the Secretary of their written requisition.	The Committee of Management consists of 10 or more Governors, elected at the Annual General Meeting. It meets weekly, inspects the Hospital, examines and passes accounts, and has the sole control and management in detail of all the concerns of the Hospital. 5 members form a quorum on the first weekly meeting of each month and at any specially summoned meeting; at all other Committee Meetings 3 form a quorum.	There is a Visiting Committee, which is a Sub-Committee of the Committee of Management.	*Nil.*	*Nil.*	Donors of 10 guineas and upwards, and annual subscribers of 1 guinea, are Governors.	Governors are entitled to vote at all General Meetings.	There is a small Samaritan Fund, from which £19 17*s.* 2*d.* were expended in 1890, leaving a balance of £59 in the hands of the Treasurer.	3 Surgeons, and 3 Surgeons for Out-patients. They must possess Degrees in Medicine and Surgery accepted by the General Medical Council as qualified to practise. They are appointed by the Committee. No retiring age is fixed.	*Nil.*
E HOUSE -	1880	*No information has been received from this Institution.*										
ENT FOR MEN.	1850	*No information has been received from this Institution.*										
HOME -	1882	An Annual General meeting is held. *No details given.*	*No information given.*	The Council consists of 16 Governors. *No details given.*	*No information given.*	*No information given.*	*Nil.*	*No information given.*		*Nil.*	4 Physicians. *No information as to qualifications given.* They are appointed by the Council. No retiring age is fixed.	Lectures are given by the Medical Staff to the Nurses and Probationers.
- - -	1883	*No information given on these points.*		*No information given on these points.*		*No information given on these points.*		*No information given.*		*Nil.*	2 Physicians. *No further information given.*	*Nil.*
ND ST.	1856	The Hospital is under the care of the Rev. Mother Prioress and Sisters of Mercy of St. John of Jerusalem.		The Management Committee consists of 4 members.	*Nil.*	*Nil.*	*Nil.*	Any person subscribing £25 a year, or collecting £30 in one year, has the privilege of always having 1 patient in the Hospital, subject to the approval of the Medical Officers.		*Nil.*	1 Physician and 2 Surgeons. *No information as to qualifications given.* They are appointed by agreement among the Medical Officers, and then between them and the Nursing Sisters. No retiring age is fixed.	*Nil.*
- -	1861	There is an Annual General Meeting. *No further information is given.*		There is a Committee of Management of 20 members, elected at the Annual Meeting, and 2 Trustees. It meets once a month, and has sole control and management of the Hospital. 7 members form a quorum.	*No information given on these points.*			Donors of 20 guineas and annual subscribers of 2 guineas are Governors.	Governors are entitled to 16 out-patients' letters.	*Nil.*	3 Medical Officers. They must be doubly qualified and duly registered. They are appointed by the Committee of Management. No retiring age is fixed.	*Nil.*

K.—Special Hospitals in the Metropolis.—I. Notes with respect to the Beds, Wards, Patients, &c.

NAME OF HOSPITAL.	BEDS.									WARDS.	IN-PATIENTS.						OUT-PATIENTS AND CASUALS.										
	Total Number of Beds.	Total Number in use.	Total Number Unoccupied for want of Funds.	Average Number left Unoccupied for Necessary Hospital work, Repairs, Cleaning, &c.	Average Daily Number of Occupied Beds.	Cost of Occupied Bed, and Method of Calculating it.	Number of Medical.	Number of Surgical.	Number for Specialities.	Number of Isolation.	Number of Paying.	Number of Wards and Number of Beds in each, and Number of Nurses in each Ward by Day and by Night.	Number of In-patients in 1890.	Cost of each, and Method of Calculating it.	If Payment is received from.	What Number of Paying.	What are the Amounts Charged.	What Sum was Received from this Source in 1890.	Are they Expected to Provide Themselves with any Articles of Clothing, or Food, or to Pay for Washing.	Total Number of Out-patients in 1890.	Total Number of Out-patient Attendances in 1890.	Total Number of Casualties in 1890.	Total Number of Casualty Attendances in 1890.	Cost of Out-patients, and Method of Calculating it.	Cost of Casualty Patient.	If Payment is Received from Out-patient.	If Payment is Received from Casualty Patient.	What is the Sum Charged.	Amount received from Out-patients and Casualty Patients in 1890.	Arrangements made to Prevent Abuse of the Out-patient and Casualty Departments.	Remarks.
HOSPITALS FOR CANCER:																													
Brompton	101	101	*Nil.*	*No information given.*	78	£36 17*s.* 11*d.* The method of calculating is by dividing the expenditure for in-patients by the average number of occupied beds.	All for Cancer.		All for Cancer.		*Nil.*	8 Wards, 4 with 14 beds in each. 1 „ 13 „ 1 „ 8 „ 1 „ 7 „ 1 „ 17 „ By day in the big wards 4 Nurses and 4 Probationers. In the others 1 Nurse and 1 Probationer, or 1 Nurse alone. By night, 2 Nurses and 5 Probationers to the whole of the wards.	630	£12. By dividing the expenditure for in-patients by the number of in-patients.	No.	*Nil.*	*Nil.*	*Nil.*	Clean clothing and change of linen, and to pay for washing; if they are unable to do this, the cost is defrayed out of the Samaritan Fund.	1,159	6,639	*Nil.*	*Nil.*	£1 4*s.* 3*d.* By dividing the expenditure for out-patients (£1,407) by the number of out-patients.	*Nil.*	No.	No.	*Nil.*	*Nil.*	*No information given on this point.*	No "letters" admitted.
St. Saviour's	36	22	*Nil.*	*No information given.*	20	*No information given.*	Chiefly for Cancer.		Chiefly for Cancer.		1 ward at 10*s.* 6*d.* a week, 1 ward 1 guinea a week, 1 ward 1, 2 or 3 guineas a week.	4 Wards and several private rooms. Number of beds in each vary. *No information as to number of nurses to each ward.*	(8 months only) 84	£155 2*s.* 8*d.*, or £2 19*s.* 8*d.* a week. By dividing the total expenditure among the number of patients.	Yes.	*Not given.*	From 10*s.* 6*d.* to 3 guineas a week.	*Not given.*	Only their own washing.	(8 months only) 77	(8 months only) 249	*Nil.*	*Nil.*	*Not given.*	*Nil.*	*Not given.*	No.	*Nil.*	*Not given.*	*Nil.*	"Letters" are admitted.
HOSPITALS FOR CHILDREN:																													
Alexandra	93	81	*Nil.*	14	81	£33 8*s.* 2*d.* By deducting cost of out-patients from total ordinary expenditure, and dividing by the average number of beds daily occupied.	*Nil.*	81	*Nil.*	14	61	15 Wards. 1 with 11 beds. 4 „ 10 „ 1 „ 9 „ 2 „ 6 „ 2 „ 5 „ 1 „ 4 „ 3 „ 3 „ 1 „ 2 „ 1 Nurse and 1 Probationer to each ward by day, and 1 Nurse to 3 wards by night.	143	£18 18*s.* 6*d.* By deducting cost of out-patients from total ordinary expenditure, and dividing by the number of in-patients.	Yes.	61	4*s.* a week.	£637 17*s.* 1*d.*	2*d.* a week is charged for washing.	107	836	*Nil.*	*Nil.*	1*s.* 9*d.* By dividing the cost of out-patients by their number.	*Nil.*	No.	No.	*Nil.*	*Nil.*	Application to the Charity Organisation Society in doubtful cases.	"Letters" are admitted. A Governor's ticket is necessary for admission.
Belgrave	23	23	*Not given.*	*Not given.*	17	*Not given.*	*No information given on these points.*				*Nil.*	4 Wards. 2 with 8 beds. 1 „ 5 „ 1 „ 2 „ 1 Nurse to each ward by day, and 1 by night.	190	£1 17*s.* 6*d.* *No information given as to method of calculation.* It would appear that this must be a weekly cost.	No.	*Nil.*	*Nil.*	*Nil.*	No.	2,670	*Not given.*	*Not given.*	*Not given.*	1*s.* 11*d.* *No information given as to method of calculation.*	*Not given.*	No.	*Not stated.*	*Nil.*	*Nil.*	*No information given.* Governors' "letters" are necessary.	"Letters" are admitted.
Cheyne	50	50	*Nil.*	*Nil.*	40	£45 14*s.* By dividing ordinary expenditure by number of occupied beds.	*Nil.*	50	*Nil.*	*Nil.*	42	5 Wards. 2 with 13 beds. 2 „ 12 „ 1 „ 4 „ 2 Nurses and 1 Ward Maid to 25 patients by day, and 1 Nurse to 25 patients by night.	73	17*s.* 6*d.* per week. The calculation is same as for the cost per bed.	Yes.	42	4*s.* a week.	£505 15*s.* 6*d.*	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	No.	No.	*Nil.*	*Nil.*	No out-patients.	Those are not Governors' tickets, giving a claim to admission, as in some other hospitals.
East London	*Not given.*	*Not given.*	*Nil.*	21	81	£68 10*s.* 10*d.* Divide total expenditure (£7,323 14*s.* 11*d.*) less cost of out-patients, cost of patients sent to Convalescent Homes, and Architect's charges (£1,708 6*s.* 9*d.*) by average number of daily occupied beds.	*No information given.*				*Nil.*	5 Wards. 2 with 31 beds. 1 „ 30 „ 2 „ 5 „ *No information is given as to the nursing.*	1,213	£4 12*s.* 8*d.* Divide total expenditure (less cost of out-patients, cost of sending patients to Convalescent Homes, and Architect's charges) by number of in-patients.	No.	*Nil.*	*Nil.*	*Nil.*	No.	7,778	45,379	14,534	*Not given.*	1*s.* Divide cost of out-patients (£1,109) by the number of out-patients.	*Not given.*	No.	No.	*Nil.*	*Nil.*	The Medical Officer draws the attention of the Secretary to doubtful cases, who may withdraw the subscriber's "letter," a report of the matter being sent to the Subscriber.	"Letters" are admitted.
Evelina	66	66	*Nil.*	*Not given.*	54	£100 2*s.* By dividing total expenditure (less Dispensary) by number of beds occupied.	30	30	Whooping cough, 6.	*Nil.*	*Nil.*	8 Wards, with from 6 to 20 beds in each. 3 or 4 Nurses to a large ward, and 1 Nurse to a small one by day. *No information given as to number of nurses by night.*	656	£8 4*s.* 9*d.* By dividing total expenditure (less Dispensary) by number of in-patients.	No.	*Nil.*	*Nil.*	*Nil.*	No.	5,817	24,214	*Not given.*	*Not given.*	2*s.* By dividing cost of Dispensary by number of out-patients.	*Not given.*	Yes.	*Not stated.*	1*d.* for each supply of medicine.	£63 9*s.* 11*d.*	*No information given on this point.*	A Governor's ticket is necessary for admission of patients to be sent for operations, &c. Letters of introduction to 20 new patients.
Home and Infirmary	46	46	*Nil.*	*Not given.*	44	*Not given.*	*No information given.*			*No information given.*		8 Wards. 4 with 8 beds. 2 „ 6 „ 1 „ 4 „ 5 Nurses to whole number of patients by day and 2 Nurses by night.	590	13*s.* a week. *Method of calculation not given.*	No.	*Nil.*	*Nil.*	*Nil.*	*No information given.*	1,551	3,898	*Not given.*	*Not given.*	4*d.* or 5*d.* *Method of calculation not given.*	*Not given.*	Yes	*Not stated.*	6*d.* each.	£87 13*s.* 6*d.*	No inquiry is made.	"Letters" are not in-patients required, be

K.—Special Hospitals in the Metropolis.—I. Notes with respect to the Beds, Wards, Patients, &c.—*continued.*

BEDS.

(…TAL)	Total Number of Beds.	Total Number in use.	Total Number Unoccupied for want of Funds.	Average Number left Unoccupied for Necessary Hospital work, Repairs, Cleaning, &c.	Average Daily Number of Occupied Beds.	Cost of Occupied Bed, and Method of Calculating it.	Number of Medical.	Number of Surgical.	Number for Specialities.	Number of Isolation.	Number of Paying.
…ILDREN—*continued.*											
…K CHIL- …RMOND	127	127	*Nil.*	25	92	£97. 16s. Divide total expenditure (£9,000), less cost of Out-patient Department, by number of occupied beds.	63	42	Diphtheria, 8	Special, 14	*Nil.*
- -	*No information has been received from this Institution.*										
…EN -	27	27	*Nil.*	The wards are closed every year for cleaning purposes. One bed kept available for accidents.	21	£1. 3s. 10d. a week. As the cost of the in-patient is £2. 14s. 7d. for an average stay of 16 days, the cost per week would be as above.	14	11	Ophthalmic, 1. Skin 1.	*Nil.*	*Nil.*
- -	74	74	*Nil.*	*Not given.*	66	£49. 16s. 8d. By multiplying 19s. 2d., cost of in-patient, by 52.	37	37	*Nil.*	*Nil.*	*Nil.*
…UMPTION:											
- -	321	321	*Nil.*	One building empty for cleaning purposes every year for 3 weeks.	241	£89. 1s. 3d. By deducting cost of drugs for out-patients from total ordinary expenditure, and then dividing by daily average number of occupied beds.	Male 185, Female 136.	*Nil.*	*Nil.*	*Nil.*	*Nil.*
- -	164	160	*Nil.*	6 beds retained for urgent cases. During the annual cleaning care is taken that the wards shall be unoccupied as short a time as possible.	118	£64. By dividing total ordinary expenditure (less cost of out-patients) by average number of occupied beds.	160	*Nil.*	*Nil.*	*Nil.*	*Nil.*
- -	51	51	*Nil.*	*Not given.*	48	£1. 12s. 6d. a week. *No information given as to method of calculation.*	51	*Nil.*	*Nil.*	*Nil.*	6
- -	50	50	30	6	42	£10. 4s. 3d. By dividing the total expenditure by the number of in-patients treated, and deducting one-sixth, the estimated cost of the out-patients.	50	*Nil.*	*Nil.*	*Nil.*	*Nil.*
-	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
-	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
-	200	200	*Nil.*	*Not given.*	75	£113. 1s. 3d. Divide net outlay by average number of occupied beds.	All Fever.	All Fever.	All Fever.		*Not given.*

WARDS. — IN-PATIENTS.

(…TAL)	Number of Wards and Number of Beds in each, and Number of Nurses in each Ward by Day and by Night.	Number of In-patients in 1890.	Cost of each, and Method of Calculating it.	If Payment is received from	What Number of Paying.	What are the Amounts Charged.	What Sum was Received from this Source in 1890.	Are they Expected to Provide Themselves with any Articles of Clothing, or Food, or to Pay for Washing.
…K CHIL- …RMOND	10 Wards. 5 with 21 beds. 5 „ from 2 to 8 beds. 1 Sister to 2 large wards of 42 beds. 1 Staff Nurse and 3 Probationers to each ward by day; 1 Staff Nurse to each large ward, 2 if required in Diphtheria Ward, by night.	1,157	£7. 14s. Divide total expenditure (less estimated cost of out-patients) by number of in-patients. Multiply by 7 days, and divide by term of residence.	No.	*Nil.*	*Nil.*	*Nil.*	6d. a week for washing, if the patient can afford to pay it.
- -								
…EN -	4 Wards. 2 have 23 beds between them, 2 have 2 beds each. 1 Nurse and 1 Probationer to large ward by day, and 1 Nurse by night.	454	£2. 14s. 7d. for a stay of 16 days. The expenditure of the In-patient Department is apportioned thus: ¼ cost of drugs, ½ „ salaries, wages, &c., ⅔ „ provisions. This total is divided by number of in-patients.	No.	*Nil.*	*Nil.*	*Nil.*	6d. a week for washing, if able to pay.
- -	*No information given.*	978	19s. 2d. per week. By Hospital Sunday Fund method.	No.	*Nil.*	*Nil.*	*Nil.*	3d. a week for washing.
…UMPTION:								
- -	7 Galleries with 10 Wards in each, 46 beds in each gallery. 1 Sister, 2 Nurses, and 2 Probationers to a gallery by day, 1 Nurse to gallery by night, and a Night Superintendent to each building.	1,528	£15. 17s. 2d. By multiplying cost of occupied beds by number of days' stay of each patient, 65, and dividing by 365.	No.	*Nil.*	*Nil.*	*Nil.*	They find their own clothing and pay for the washing of their personal linen if able; if too poor, a weekly sum is paid from the Rose or Samaritan Fund.
- -	26 Wards. 2 with 16 beds. 2 „ 12 „ 4 „ 8 „ 4 „ 6 „ 12 „ 4 „ 2 „ 2 „ 1 Sister, 5 Nurses, and 4 Ward Maids to each corridor of 82 beds by day, and 4 Nurses to each corridor of 82 beds by night.	1,077	£7. 0s. 2d., or £1. 4s. 6d. a week. From expenditure for the year deduct on account of out-patients: Honoraria to Assist. Physicians. 1½ Dispensers' salaries, Wages of 2 Porters, ⅓ Scrubbers' wages, ⅓ of drugs, ⅓ Management expenses, ¼ of other expenditure, exclusive of provisions. The balance gives cost of in-patients. Divide the amount by number of in-patients for the year.	No.	*Nil.*	*Nil.*	*Nil.*	A change of underclothing, 2 towels, a pair of slippers, and provide for the washing of their personal linen.
- -	*No information given on this point.*	396	*No information given on this point.*	Yes.	*Not given.*	£1. 1s. a week for 6 beds; the others are free.	*Not given.*	Washing of personal linen only.
- -	5 Wards, but only 2 in use with 25 beds in each. 1 Sister, 1 Staff Nurse, 1 Probationer, and 1 Ward Maid to each ward by day, and 1 Staff Nurse and 1 Probationer by night.	523	£1. 14s. a week. Divide the cost of bed by length of stay, viz., 6 weeks.	No.	*Nil.*	*Nil.*	*Nil.*	Washing of personal linen only.
-	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
-	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
-	23 Wards, with from 1 to 18 beds in each. Nurses vary according to the number of patients.	682	£12. 8s. 8d. Divide net outlay by number of patients.	Yes.	*Not given.*	Private patients £3. 3s. a week; ward patients £3. 3s. whole stay.	1890. £2,447. 19s.	Only clothing.

OUT-PATIENTS AND CASUALS.

(…TAL)	Total Number of Out-patients in 1890.	Total Number of Out-patient Attendances in 1890.	Total Number of Casualties in 1890.	Total Number of Casualty Attendances in 1890.	Cost of Out-patients, and method of calculating it.	Cost of Casualty Patient.	If payment is received from Out-Patient.	If payment is received from Casualty Patient.	What is the sum charged.	Amount received from Out-patients and Casualty Patients in 1890.	Arrangements made to prevent abuse of the Out-patient and Casualty Departments.	System of Admission.
…K CHIL- …RMOND	20,604	Out-patients and casuals about 100,000	8,180	Out-patients and casuals about 100,000.	1s. 6d. Divide estimated cost of Out-patient Department (£. 1,553) by number of out-patients (20,604)	*Not given.*	No.	No.		*Nil.*	A clerk notes particulars about each out-patient, and makes further inquiries if necessary. Suspected cases are referred to the Charity Organisation Society, whose report must be received before the case can again be treated. A patient would be rejected if in receipt of more than £2. a week.	There are 'letters' for in- and out-patients, but they are not essential to admission. No preference is shown to the bearer of a Governor's 'letter.'
- -												
…EN -	9,146	Out-patients and casuals 27,624	2,491	Out-patients and casuals 27,624.	1s. 7½d. The expenditure of the Out-patient Department is apportioned thus: ¾ cost of drugs. ½ „ salaries, &c. ⅓ „ provisions. This total divided by number of out-patients.	*Not given.*	Yes.	Yes.	1d. upon each attendance.	£58. 5s. 6d.	The Out-patient Nurse makes inquiries as to the position of the parents of any child, and when in doubt as to the case being a suitable one for the Hospital treatment, refers it to the Secretary, who, if necessary, institutes further inquiries, with the help of the Charity Organisation Society.	'Letters' are not issued.
- -	15,451	Out-patients and casuals 46,328	4,047	12,791	2s. 1d. By Hospital Sunday Fund method.	*Not given.*	Yes.	Yes.	1s. first visit and 3d. each attendance after, if without a 'letter.'	£275. 17s. 6d.	Doubtful cases are referred to the Secretary.	'Letters' are necessary for in- and out-patients.
…UMPTION:												
- -	13,753	71,168	*Nil.*	*Nil.*	4s. 7d. Divide proportion of salaries, wages, &c., and of drugs, by number of out-patients.	*Nil.*	No.	No.	*Nil.*	*Nil.*	Special inquiries are made by an experienced clerk or by the Secretary.	'Letters' are necessary for in- and out-patients. Patients coming without are assisted to procure a 'letter,' and sometimes provided with one.
- -	14,832	56,965	*Nil.*	*Nil.*	2s 10d. Divide cost of out-patients by number for the year.	*Nil.*	No.	No.	*Nil.*	*Nil.*	No special arrangements, but the Physicians reject what seem to them unsuitable patients.	'Letters' are necessary for in- and out-patients. No patient is admitted without a Governor's 'letter.'
- -	2,840	*Not given.*	*Not given.*	*Not given.*	4s. *No further information given.*	*Not given.*	No.	No.	*Nil.*	*Nil.*	No inquiries are made.	'Letters' are necessary for in- and out-patients.
- -	8,662	23,666	*Nil.*	*Nil.*	3s. 8d. After dividing the total expenditure by the number of in-patients deduct one-sixth for out-patients.	*Nil.*	No.	No.	*Nil.*	*Nil.*	Each patient is questioned as to his or her means, but no patient is questioned unnecessarily.	'Letters' are necessary for in- and out-patients. No patient is admitted without a 'letter.'
-	35,259	48,764	*Nil.*	*Nil.*	11¾d. Divide total expenditure by number of patients.	*Nil.*	Only for Gold stopping.	No.	Varies.	£308. 1s. 7d.	The Staff have discretion in refusing to attend patients who in their opinion can pay a dentist.	No 'ticket' or 'letter' is required for ordinary extractions, but for extractions under gas and for stoppings, a 'ticket' from a subscriber is necessary.
-	22,337	30,505	*Nil.*	*Nil.*	6d. Dividing expenses by number of patients.	*Nil.*	According to their means.	No.	Varies.	£547. 1s. 10d.	Full inquiries are made of each patient, and the Medical Officers refuse unsuitable applicants.	'Letters' are not necessary, but the bearer of a 'letter' is treated free.
-	*No Out-patient Department.*				*No Out-patient Department.*				*No Out-patient Department.*			'Letters' are not necessary, but in times of pressure the preference would of course be given to persons sent by subscribers.

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K.—Special Hospitals in the Metropolis.—II. Notes with respect to the Beds, Wards, Patients, &c.

NAME OF HOSPITAL.	BEDS.										WARDS.	IN-PATIENTS.						OUT-PATIENTS AND CASUALS.											
	Total number of Beds.	Total number in use.	Total number unoccupied for want of funds.	Average number left unoccupied for necessary Hospital work, repairs, cleaning, &c.	Average daily number of Occupied Beds in 1890.	Cost of Occupied Bed, and method of calculating it.	Number of Medical.	Number of Surgical.	Number for Specialities.	Number of Isolation.	Number of Paying.	Number of Wards and number of Beds in each, and number of Nurses in each Ward by Day and by Night.	Number of In-patients in 1890.	Cost of each, and method of calculating it.	If payment is received from.	What number of Paying.	What are the amounts charged.	What sum was received from this source in 1890.	Are they expected to provide themselves with any articles of clothing or food, or to pay for washing.	Total number of Out-patients in 1890.	Total number of Out-patients' Attendances in 1890.	Total number of Casualties in 1890.	Total number of Casualty Attendances in 1890.	Cost of Out-patient, and method of calculating it.	Cost of Casualty Patient.	If payment is received from Out-Patient.	If payment is received from Casualty Patient.	What is the sum charged.	Amount received from Out-patients and Casualty Patients in 1890.	Arrangements made to prevent abuse of the Out-patient and Casualty Departments.	System of Admission.
HOSPITALS FOR FISTULA, &c.:																														
GORDON	11	11	*Nil.*	*Not given.*	9·3	£103. 6*s.* 8*d.* *Method of calculation not given.*	*Nil.*	*Nil.*	11	*Nil.*	11	*No information given.* 1 Matron and 2 Nurses to the 11 beds.	157	£6. 5*s.* *Method of calculation not given.*	Yes.	119	From £3. 3*s.* to 2*s.* 6*d.* a week.	£401. 1*s.* 6*d.*	*No information given.*	513	2,642	*Nil.*	*Nil.*	Estimated at 1*s.* 6*d.*	*Nil.*	Not invited to pay.	No.	*Nil.*	£37. 17*s.* 6*d.*	The Secretary makes inquiries.	In-patients pay according to means. Out-patients free.
ST. MARK'S	34	28	*Nil.*	*Not given.*	23·18	£68. 9*s.* 8*d.* Multiply cost of In-patient by 52.	*Nil.*	34	*Nil.*	*Nil.*	*Nil.*	7 Wards, with from 3 to 8 beds in each. *No further information.*	310	£1. 6*s.* 4*d.* a week. Deduct cost of Out-patients from total expenditure and divide by the number of occupied beds, and divide the quotient by 52.	No.	*Nil.*	*Nil.*	*Nil.*	Tea, sugar, and butter, and washing of personal linen.	2,152	About 6,800	*Nil.*	*Nil.*	About 5*s.* estimated.	*Nil.*	*Nil.*	No.	*Nil.*	*Nil.*	*No information given.*	There are letters for out-patients, but these are necessary, and those who can afford it are admitted free.
ST. PETER'S, FOR STONE	24 and 2 private.	24 and 2 private.	*Nil.*	*Not given.*	14·755	£150. 8*s.* 8*d.* £1,773. 3*s.* 6*d.* is taken as the cost of the In-patient Department, and this is divided by the number of days of beds in occupation, viz., 4,943, which gives 7*s.* 2*d.* as the daily cost of beds; multiplying by 364 gives the yearly cost of occupied beds.	*Nil.*	24	*Nil.*	*Nil.*	3	2 Public Wards, with 12 beds in each. Matron, Charge Nurse, and 2 Ward Maids by day, and 1 Nurse by night.	335	£5. 5*s.* 10*d.* Divide £1,773. 3*s.* 6*d.* cost of In-patients, by 335, number of In-patients.	Yes.	*Not given.*	From £3. 3*s.* to £5. 5*d.* a week.	£137. 9*s.*	Tea and sugar, soap, towel, slippers, change of linen, brush and comb.	4,721	32,896	*Nil.*	*Nil.*	6*s.* early, or 10½*d.* each attendance. £1,495. 13*s.* 4*d.* is taken as the estimated cost of the Out-patient Department for 1890. This sum is divided by the number of attendances of Out-patients in 1890.	*Nil.*	Yes.	No.	1*s.* for drugs on each attendance.	*Not given.*	Out-patients are seen by the Secretary, who would report any case unable to pay for Hospital treatment.	Letters are not necessary, as no payment, except in cases
HOSPITALS FOR FOREIGNERS:																														
FRENCH	60	60	*Nil.*	*Not given.*	37	£84. Divide total expenses by number of daily occupied beds.	30	24	Gynæcological 6	*Nil.*	*Nil.*	18 Wards, with from 1 to 8 beds in each. 6 to 8 Nurses to the whole, according to the cases, by day, and 2 Nurses by night.	496	4*r.* 8½*d.* a day. Divide total expenses by the total number of days spent in the Hospital by the 496 patients.	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	4,556	O.P.'s and casuals 15,575	*Not given.*	O.P.'s and casuals 15,575	About 1*s.* 1½*d.*, or 4*d.*, an attendance. Divide estimated cost of Out-patient Department by number of patients or attendances.	*Nil.*	No.	No.	*Nil.*	*Nil.*	*No information given on this point.*	Admission is free to all and other foreigners. French.
GERMAN	125	125	*Nil.*	There is always a margin, but no fixed number of beds are reserved.	111	£63. 5*s.* 4*d.* The cost of each In-patient is divided by the average number of days each patient remained in the Hospital, and this multiplied by 365 gives the annual cost of each bed occupied.	62	63	*Nil.*	*Nil.*	7	8 Wards, 2 with 21 beds each. 2 „ 16 „ „ 2 „ 11 „ „ 2 „ 10 „ „ 1 Nurse to each ward by day, and the Night Sister and 2 Nurses visit each ward during the night.	1,492	£4. 13*s.* 10*d.* The total expenditure, less the cost of the Out-patient Department, divided by the number of patients admitted.	Yes.	*Not given.*	£1. 11*s.* 6*d.* and £2. 2*s.* a week.	£288. 3*s.*	Tea and sugar, and washing of personal linen. If too poor the Hospital provides them.	23,863	59,730	2,790	Not recorded.	1*s.* 6*d.* The salaries and estimated cost of board of 1 Dispenser, 1 Doctor, 2 Porters, and a share of the printing, gas, and firing accounts, are added to the cost of drugs, &c., and this amount is then divided by the number of Out-patients.	*Not given.*	No.	No	*Nil.*	*Nil.*	No special arrangements are made, but it is impressed on the Governor to give their letters of recommendation to the serving cases only	Letters are not required. For [illegible]
ITALIAN	18	18	*Nil.*	*Not given.*	12	*Not given.*	*No information given on these points.*				*Nil.*	4 Wards. 1 Nurse to a ward by day, and 1 Nurse to the 4 wards by night	239	£1. *No information given as to calculation.*	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Not given.*	3,247	*Not given.*	*Not given.*	9*d.* *No information given as to calculation.*	*Not given.*	No.	No.	*Nil.*	*Nil.*	*No information given on this point.*	No letters required. For [illegible]
LOCK	Female 140 Male 20	Female 100 Male 20	Female 40	*Not given.*	Female 100 Male 14	Female £40. to £45. Male £60. Divide total expenditure by average number of beds in daily occupation.	-	-	All Lock Cases.	-	-	*Not given.*	Female 8 Wards. 2 with 30 beds. 4 „ 20 „ „ *2 number of beds not given.* ISOLATION. 2 wards for males with 10 beds in each, and 1 ward for females. 2 Nurses on each of the 3 floors by day, with an extra nurse. Male. 1 Male Attendant.	Female 731 Male 231	Female. 16*s.* 9*d.* a week. Male. £1. 7*s.* 8½*d.* a week. Divide total expenditure by total number of occupants, multiply by 7, and divide by number of days each patient was resident; this gives average cost of each In-patient per week.	Yes, for paupers.	*Not given.*	16*s.* a week to Poor Law Guardians.	£1,164. 12*s.* 3*d.*	*No information on this point.*	Female 418 Males 3,278	Females 2,450 Males 19,680	*Nil.*	*Nil.*	9*d.* Cost of drugs and bottles.	*Nil.*	Yes.	No.	1*s.* Quite a voluntary payment.	£1,151.	Surgeons and Porter look carefully to see that there is no abuse, and patients who appear able to pay are not treated.	There are letters for Out-patients, but these are necessary. A police letter sends to see [illegible] applies as a rule.
LYING-IN HOSPITALS:																														
BRITISH	17	14	*Nil.*	50%	9	£1. 18*s.* 6*d.* a week. By deducting cost of Out-patients from total cost of patients and dividing by number of In-patients in year gives £4. 18*s.*, and after calculating the average stay of each patient in hospital the result is £1. 18*s.* 6*d.*	-	-	All Obstetric.	-	-	*Not given.*	5 Wards. 4 with 4 beds each. 1 „ 1 „ „ 2 Nurses to each ward by day, and 1 Nurse to 2 wards by night.	166	£4. 15*s.* *See* cost of occupied bed.	Yes, in a separate building.	*Not given.*	£2. 2*s.* a week.	£21. 18*s.*	Tea and sugar and night-dresses.	631	*Nil.*	*Nil.*	*Nil.*	11*s.* 3*d.* By adding to the Midwives' fees the cost per head of food and medicines sent out, the proportionate share of cab fares, and one-half management expenses, and medical superintendence, &c.	*Nil.*	No.	No.	*Nil.*	*Nil.*	*Nil.*	Letters are necessary for In- and Out-patients, as admitted solely on [illegible]
CITY OF LONDON	34	34	*Nil.*	*Not given.*	20·6	£1. 15*s.* 8*d.* a week. On total cost deducting cost of Out-patients and the board of pupils.	-	-	All Lying-in.	-	-	*Not given.*	8 Wards. Only 5 beds in the largest ward. *No further information.*	423	*Not given.*	No.	*Nil.*	A small charge for board is made if patients are in the Hospital 24 hours previous to delivery.	£10. 6*s.*	*Nil.*	1,331	*Nil.*	*Nil.*	*Nil.*	11*s.* 6*d.* 6*s.* paid per case to Midwife, fees to Medical Staff, proportion of management expenses, &c.	*Nil.*	No.	No.	*Nil.*	*Nil.*	*No information on this point.*	Letters are necessary for In- and Out-patients.
GENERAL	24	24	*Nil.*	1	18	£102. 4*s.* Deducting cost of Out-patients and board of pupils. Each bed will take 24 patients during the year.	-	-	All Lying-in.	-	*Nil.*	8 Wards. 5 with 3 beds each. 2 „ 4 „ „ 1 „ 1 „ „	430	£4. 5*s.* 2*d.* Deducting cost of Out-patients and board of pupils and dividing remainder of the expence by number of patients.	No.	*Nil.*	*Nil.*	*Nil.*	Tea, sugar and butter, and one set of clothes for the infant.	1,054	*Nil.*	*Nil.*	*Nil.*	5*s.* 6*d.* Fee to the Midwife for each patient; expenses of printing, cab fares, &c., divided by the number of patients.	*Nil.*	No.	No.	*Nil.*	*Nil.*	The Governor's letter the only safeguard.	Letters from [illegible] signed by [illegible] necessary for In-patients.
QUEEN CHARLOTTE'S	58	58	*Nil.*	16	36	£82. 14*s.* 1½*d.* Total expenditure (less cost of Out-patients) divided by the average daily number of occupied beds.	-	-	50 Lying-in beds. 8 Labour Ward beds.	-	*Nil.*	27 Wards. 5 with 3 beds each. 21 „ 2 „ „ 1 „ 1 „ „ 1 Pupil to each ward, 1 Sister to each floor, by day. 1 Nurse in charge of 2 or 3 patients, and 1 Sister and 2 Nurses on duty throughout Hospital by night.	892	£3. 5*s.* 11*d.* Total expenditure (less cost of Out-patients) divided by number of patients.	No.	*Nil.*	*Nil.*	*Nil.*	Brush and comb, and suit of clothes for infant on leaving the Hospital.	749	*Nil.*	*Nil.*	*Nil.*	8*s.* Midwife fees, 6*s.*; actual medical necessaries, 2*s.*; approximate total, 8*s.*	*Nil.*	No.	No.	*Nil.*	*Nil.*	Full inquiries made at Hospital from Governor's letter is brought.	There are letters for Out-patients but [illegible] necessary for admission, as shown, to the Sister's letter.

K.—Special Hospitals in the Metropolis.—II. Notes with respect to the Beds, Wards, Patients, &c.—*continued.*

HOSPITAL.	BEDS.										WARDS.	IN-PATIENTS.						OUT-PATIENTS AND CASUALS.												
	Total number of Beds.	Total number in use.	Total number unoccupied for want of funds.	Average number left unoccupied for necessary Hospital work; repairs, cleaning, &c.	Average daily number of Occupied Beds in 1890.	Cost of Occupied Bed, and method of calculating it.	Number of Medical.	Number of Surgical.	Number for Specialities.	Number of Isolation.	Number of Paying.	Number of Wards and number of Beds in each, and number of Nurses in each Ward by Day and by Night.	Number of In-patients in 1890.	Cost of each, and method of calculating it.	If payment is received from.	What number of Paying.	What are the amounts charged.	What sum was received from this source in 1890.	Are they expected to provide themselves with any articles of clothing or food, or to pay for washing.	Total number of Out-patients in 1890.	Total number of Out-patients' Attendances in 1890.	Total number of Casualties in 1890.	Total number of Casualty Attendances in 1890.	Cost of Out-patient, and method of calculating it.	Cost of Casualty Patient.	If payment is received from Out-Patient.	If payment is received from Casualty Patient.	What is the sum charged.	Amount received from Out-patients and Casualty Patients in 1890.	Arrangements made to prevent abuse of the Out-patient and Casualty Department.	System of Admission
FOR PARALYSIS AND EPILEPSY:																														
RACE - - -	25	25	*Nil.*	*Not given.*	1·40	£1. 15*s.* 7*d.* a week. By deducting from the expenditure on dispensary an amount (*a*) proportionate to the number of Out-patient prescriptions as compared with the number of In-patient prescriptions. This amount is then deducted from the whole expenditure, which is divided among the patients in the manner required by the Hospital Sunday Fund.	25	*Nil.*	*Nil.*	*Nil.*	No special number.	5 Wards. 2 with 8 beds each. 1 „ 3 „ 1 „ 2 „ 1 „ 1 „ *No further information.*	137	£13. 1*s.* By dividing total expenditure, less cost of Out-patient department, by number of patients admitted.	Yes.	50	From £3. 3*s.* to 5*s.* a week.	£473.	Patients who pay less than £1. 1*s.* a week, and who take tea and sugar, pay 1*s.* a week in addition, and all patients pay for the washing of their personal linen.	722	8,532	*Nil.*	*Nil.*	8*s.* 1*d.* By dividing cost of Out-Patients by the number of Out-patients.	*Nil.*	Yes.	No.	No special amount. Encouraged to pay what they can afford.	£203.	The dispenser makes inquiries of the patients, and occasionally cases are referred to the Charity Organisation Society.	There are "letters" for both In-patients and Out-patients. On the letter the subscriber states that, after inquiries made, he has ascertained that the applicant for the In-patient treatment is unable to pay 5*s.* a week, and the Out-patient is unable to pay 6*d.* a week.
- - - -	170	170	*Nil.*	21	149	£67. 3*s.* By a division of the total expenditure after deducting the estimated approximate expense of the Out-patients' Department.	*No information.*	-	-	-	32	11 Wards, with from 14 to 20 beds in each. From 1 to 5 nurses to each ward by day, and 1 nurse to each ward by night.	827	£12. 2*s.* By a division of the total expenditure among the 827 patients, after deducting the cost of the Out-patient department.	Yes. Contributing Patients.	*Not given.*	£1. 1*s.* a week.	£1,834. 15*s.*	Free patients pay 1*s.* a week in lieu of providing themselves with tea, butter, and sugar.	3,791	25,267	*Nil.*	*Nil.*	5*s.* 4*d.* By a division of the total estimated cost of the Out-patient Department (£1,000) among the number of individual Out-patients treated.	*Nil.*	No.	No.	*Nil.*	*Nil.*	*No information given on this point.*	Nominally letters are necessary for In-patients and Out-patients, but no preference is shown to the bearer of a letter.
HEART - -	25	22	*Not stated.*	2	22	£18. 14*s.* Allowing 3*s.*, the cost of each Out-patient.	22	*Nil.*	*Nil.*	*Nil.*	*Not given.*	7 Wards, with from 2 to 10 beds in each. 2 Nurses and 2 Assistants in charge of wards by day; 1 Nurse in sole charge by night.	124	£1. 10*s.* a week. Allowing 3*s.* as the cost of each Out-patient.	Yes.	37	From 10*s.* to £1. 1*s.* a week.	£154.	*Nil.*	1,998	12,047	*Nil.*	*Nil.*	3*s.* Half cost of drugs; quarter rent, rates and taxes; half dispenser's and porter's wages; quarter management expenses.	*Nil.*	Yes.	No.	If without letter from 6*d.* to 1*s.*	£169.	The Secretary inquires into the circumstances of each applicant.	There are letters which are necessary for In-patients, unless they pay. In these letters the Governor recommends—, as an In-patient, if, on investigation he be considered a fit object of the Charity. If an Out-patient brings a Governor's letter, he is not asked to pay anything.
ding.)	*Nil.*	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1,413	26,006	*Nil.*	*Nil.*	9*d.* per attendance. Divide total expenditure by number of attendances.	*Nil.*	Yes.	No.	From 1*s.* a week according to means.	£478. 19*s.* 6*d.*	Applicants are interviewed by Secretary.	There are letters for Out-patients, and the In-patients will be selected from those who require treatment in the wards.
HOSPITAL:																														
- - -	13	7	6	1	5·5	*Not given.*	*Nil.*	*Nil.*	7 Ophthalmic.	*Nil.*	*Not given.*	5 Wards. 4 with 3 beds in each. 1 „ 1 „ 1 Sister, 1 Probationer, and 1 Ward-maid in charge of the 5 wards by day, and 1 Sister and 1 Probationer by night.	180	£1. 14*s.* a week. To the cost of provisions, general domestic expenses, and salaries of indoor officials, add the proportion $\left(\text{in 1890}\frac{180}{8,655}\right)$ of all other expenses.	Yes.	*Not given.*	Every patient without a letter 1*s.* a day; private ward from £1. 1*s.* to £2. 2*s.* a week.	£70. 9*s.* 6*d.*	Night dress, change of linen, comb and brush.	8,475	17,797	150	350	1*s.* 1*d.* Difference between total expenditure and cost of In-patients divided by number of Out-patients.	*Nil.*	Yes.	Yes.	2*d.* each attendance, or 2*s.* 6*d.* for a monthly card if without letter.	£263. 13*s.*	The Secretary interviews all doubtful cases.	There are letters for In-patients and Out-patients, which exempt the bearers from payment. Patients without letters pay. If able to do so. Patients are recommended by subscribers "if found to be suitable cases."
- - - -	100	100	*Nil.*	8	80	Absent 60*l.* Estimated expenditure £6,239. 2*s.*, less spectacles unsecured and cost of Out-patients, £1,439. 2 = £4,800.	*Nil.*	*Nil.*	100 Ophthalmic.	*Nil.*	*Nil.*	15 Wards. Number of beds in each vary. 1 Sister and 1 Nurse on each floor by day; 2 Nurses to go round all the wards by night.	1,927	About £2. 10*s.* 6*d.* Expenditure £4,800, divided by 1,927.	No.	*Nil.*	*Nil.*	*Nil.*	Washing their personal linen.	26,647	O.P.'s and Casuals, 13,325.	About 5 a day.	O.P.'s, Casuals, 133,235.	Say 11*d.* Out-patient expenditure estimated as £1,139, divided by number of Out-patients.	*Nil.*	No.	No.	*Nil.*	*Nil.*	The name, address and occupation of patients are taken before they see the Surgeon, and all doubtful cases are referred to the Secretary.	There are no letters. Admission is entirely free.
DON - -	*Nil.*	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	6,639	29,032	*Nil.*	*Nil.*	2*s.* 4*d.* By dividing total cost by number of Out-patients.	*Nil.*	Yes.	No.	No fixed sum.	£78. 2*s.* 4*d.*	The Medical Staff examine any patient they think undeserving.	Admission is generally by letter, but a patient bearing such letter has no preference shown to him.
ding.)																														
TER - -	30	30	*Nil.*	*Nil.*	26	£55. By multiplying the cost of each In-patient per week by 52.	*Nil.*	*Nil.*	30 Ophthalmic.	*Nil.*	1	5 Wards. 4 with 7 beds in each. 1 „ 2 „ 3 Nurses to the wards by day, and 1 Nurse by night.	414	Average £1. 1*s.* 3½*d.* a week. By taking the total expenditure upon In-patients, viz., £1,304. The calculation is then based upon an average stay of 22 days each In-patient.	Yes.	*Not given.*	£2. 2*s.* a week.	£83. 2*s.*	Change of linen, comb and brush.	9,172	Estimated 62,338.	*Nil.*	*Nil.*	1*s.* 7½*d.* By dividing total expenditure of Out patients, viz., £725, by number of Out-patients.	*Nil.*	Yes.	No.	No fixed sum.	£174. 5*s.* 6*d.*	Each patient is questioned as to means and position before relief is given.	Letters are not required for In-patients or Out-patients.
- - - -	20	6	14	*Not given.*	*Not given.*	£93. Deducting Out-patient expenditure from total expenditure, and dividing by number of daily occupied beds.	*Nil.*	*Nil.*	6 Ophthalmic.	*Nil.*	*Nil.*	*No information given on these points.*	45	£10. 7*s.* 9*d.* Total cost of maintenance and management, less cost of Out-patients divided by number of In-patients.	Yes.	*Not given.*	5*s.* to 10*s.* 6*d.* a week.	£14. 12*s.*	Personal clothing only.	2,438	6,926	*Nil.*	*Nil.*	About 2*s.* Estimated cost—Hall of rates, &c., one-third purchase of freehold, half coals and gas, nine-tenths drugs, nine-tenths dispenser's salary, half porter's and servant's wages, nine-tenths printing. The total divided by number of Out-patients.	*Nil.*	Yes.	No.	6*d.* or 1*s.* per attendance.	£172.	Doubtful cases are referred to the Charity Organisation Society.	There are letters for In-patients and Out-patients, but they are not absolutely necessary; but the bearer is entitled to free treatment. The subscriber is asked to give the letter to indigent people only.
HOSPITALS:																														
- - - -	27	20	7	1	19	*Not given.*	*Nil.*	20	*Nil.*	*Nil.*	*Nil.*	4 Wards, with 7 beds in each. *No information as to number of nurses.*	159	15*s.* a week nearly. The number of In-patients without renewals (67) is multiplied by the above amount.	No.	*Nil.*	*Nil.*	*Nil.*	A change of underclothing.	2,255	9,160	*Nil.*	*Nil.*	3*s.* Dividing estimated cost of Out-patients—£338—by number of Out-patients.	*Nil.*	No.	No.	*Nil.*	*Nil.*	Patients are registered and requested to obtain, on the free letter which is given them at the hospital, the signature of some respectable householder who knows them to be poor.	Letters are not necessary for admission.
- - - -	35	35	*Nil.*	*Nil.*	33	£34. 0*s.* 9*d.* *No information as to method of calculation.*	*Nil.*	35	*Nil.*	*Nil.*	33	6 Wards. The number of beds in the wards vary. 1 Sister and 2 nurses to a ward of 20 beds by day; 1 Night Nurse to whole building.	136	£8. 11*s.* 9*d.* *No information as to method of calculation.*	Yes.	*Not given.*	Under 12 years of age 7*s.* 6*d.* a week; over 12 years of age 10*s.* 6*d.*	£637. 18*s.* 4*d.*	Clothing only.	1,140	2,485	*Nil.*	*Nil.*	2*s.* 6*d.* *No information as to method of calculation.*	*Nil.*	No.	No.	*Nil.*	*Nil.*	*No information given on this point.*	There are letters for In-patients and Out-patients. These are necessary for Out-patients, but not for In-patients; but those having a Governor's letter are not charged any thing for their maintenance.
- - - -	50	50	*Nil.*	*Nil.*	*Not given.*	£35. By apportioning the total expenses after deducting the Out-patients' share of them.	*Nil.*	50	*Nil.*	*Nil.*	*Not given.*	7 Wards. Victoria has 12 beds / Albert „ 4 „ } 1 Nurse for day and night. Prince of Wales 10 „ 1 „ „ „ Shaftesbury 6 „ } 1 „ „ „ Thornton 4 „ } Cambridge 5 „ } 1 „ „ „ Harris 9 „ }	153	£10. 12*s.* 3*d.* Deduct Out-patients' expenditure from total expenditure, and divide by number of In-patients.	Yes.	15	£10. for immediate admission; 10*s.* a week for paupers.	£105. 10*s.*	Their own clothing, tea, sugar, butter, and washing.	1,154	7,451	*Nil.*	*Nil.*	7*s.* 4*d.* Estimated share of Out-patients of whole expenditure :— Salary, &c., House Surgeon - £56 Wages and board of 1 Porter 33 Secretary's salary and Collector's commission - - - 158 Drugs, &c. - - - - 120 Alterations and repairs - - 30 Rates and taxes - - - 25 £422 Divide this sum by number of Out-patients.	*Nil.*	No.	No.	*Nil.*	*Nil.*	Inquiries are made as to the circumstances of the patients, and those only are admitted whose circumstances are considered to warrant it.	Letters are necessary for In-patients and Out-patients. Patients or their friends who pay £10 to the Hospital are admitted at once and do not have to wait their turn, as do the other patients.

K.—Special Hospitals in the Metropolis.—III. Notes with respect to the Beds, Wards, Patients, &c.

NAME OF HOSPITAL.	BEDS.										WARDS.	IN-PATIENTS.						OUT-PATIENTS AND CASUALS.											
	Total Number of Beds.	Total Number in Use.	Total Number Unoccupied for want of Funds.	Average Number left Unoccupied for necessary Hospital work, Repairs, Cleaning, &c.	Average Daily Number of Occupied Beds.	Cost of Occupied Bed, and Method of Calculating it.	Number of Medical.	Number of Surgical.	Number for Specialities.	Number of Isolation.	Number of Paying.	Number of Wards, and Number of Beds in each, and Number of Nurses in each Ward by Night and by Day.	Number of In-patients in 1890.	Cost of each, and Method of Calculating it.	If Payment is received from.	What Number of Paying.	What are the Amounts charged.	What Sum was received from this Source in 1890.	Are they expected to provide themselves with any Articles of Clothing or Food, or to pay for Washing.	Total Number of Out-Patients in 1890.	Total Number or Out-Patients' Attendances in 1890.	Total Number of Casualties in 1890.	Total Number of Casualty Attendances in 1890.	Cost of out-Patients, and Method of Calculating it.	Cost of Casualty Patient.	If Payment is received from Out-Patients.	If Payment is received from Casualties.	What is the Sum charged.	Amount received from Out-Patients and Casuals in 1890.	Arrangements made to prevent Abuse in the Out-Patients and Casualty Departments.	System of Admission.
HOSPITAL FOR SEAMEN:																													
DREADNOUGHT - - - -	At Greenwich 235, Branch, 16.	At Greenwich 225, Branch, 16.	*Nil.*	About 2*.	At Greenwich 193, Branch, 3.	£33. 12s. 3d. By dividing total expenditure under the heading of maintenance, less cost of out-patients, estimated at 2s. 6d. each, by the daily average number of beds occupied (196).	91	92	Syphilis, 42. At Branch, 16.	*Nil.*	*Nil.*	67 Wards divided into 5 floors, with 3 beds in each Ward. 1 Sister, 2 Nurses, and from 1 to 2 Probationers to each floor by day, and 1 Nurse and 1 Probationer to each floor by night.	2,864	£3. 15s. 5d. By dividing the total expenditure under the heading of maintenance, less cost of out-patients, estimated at 2s. 6d. each, by the number of in-patients (2,864).	No.	*Nil.*	*Nil*	*Nil.*	*Nil.*	8,552	25,656	372	1,116	2s. 6d. Estimated.	*Nil.*	No.	No.	*Nil.*	*Nil.*	No patients, except in cases of urgency or accident, are treated, unless they can show their ship discharge.	No Governors' letters are No sailors or persons ass shipping are ever rejected
HOSPITALS FOR SKIN DISEASES:																													
BRITISH - - - - - -	11	2	*Nil.*	*Nil.*	2	£30. Impossible to calculate; estimated only.	*Nil.*	*Nil.*	Skin, 11.	*Nil.*	11	*No information given on this point.*	2	*No information given.* It is impossible to calculate with any accuracy.	Yes.	*Nil.*	10s. 6d. to £1. 1s. a week.	*Nil.*	Depends upon circumstances.	3,472	*Not recorded.*	*Nil.*	*Nil.*	*Not given.* It is impossible to state this without an actuarial calculation. To take total expenses for the year, and divide by number of patients, would be unreliable.	*Nil.*	Yes.	No.	5s. a month's advice and medicine, and 1s. 6d. for a week's advice and medicine.	£865.	Careful inquiries are made by surgical Officers and Dispenser.	There are Governors' ticket in- and out-patients, but not absolutely necessary.
HOSPITAL FOR SKIN, STAMFORD STREET.	10	2	*Nil.*	*Nil.*	2	*No information given on this point.*	*Nil.*	*Nil.*	Skin, 10.	*Nil.*	10	*No information given on this point.*	24	*No information given on this point.*	Yes.	*Not given.*	10s. 6d. a week.	£31. 16s.	Ordinary clothing and washing of personal linen.	5,715	21,204	*Nil.*	*Nil.*	*Not given.*	*Nil.*	Yes.	No.	From 1s. to 10s. for 2 months' treatment.	£567. 9s. 6d.	The Ticket Clerk endeavours to find out the applicants' circumstances by questioning them.	Letters are not necessary who bring them are ex paying.
LONDON - - - - -	*No Beds.*	- - - - - - - - - -				- - - - - - - - - -						- - - - - - - - - -	-	- - - - - - - - - -	-	- - - - - - - - - -				1,570	7,601	*Nil.*	*Nil.*	4s. 6½d. By dividing total cost of maintenance (£33. 18s. 7d.) by the number of individual patients treated (1,570.)	*Nil.*	Yes.	No.	No fixed charge; generally 1s. a visit.	£332. 9s. 4d.	Each patient is cross-examined with a view to ascertaining whether he is eligible for admission, but no steps are taken to corroborate the patient's *ipse dixit*.	The Hospital was established 1867 for the treatment of those among the poorer class suffering from scrofula, and practice for a time. Institution is entirely maintain by voluntary contributions. Patients are admitted as they may come, and give little to those labouring unable to pay the subscription fees. Parents of the patients, unless they belong to the class, contribute from a penny, however, expected to contribute. Hospital attending at The Hospital is open to patients who, or whose father or his representative, are and such persons only admission are referred pany medical attendant.
ST. JOHN'S - - - - -	32, and 18 at Convalescent Home.	32, and 18 at Convalescent Home.	*Nil.*	6 for contagious cases.	22	£70. 7s. From the total expenditure (£2,89?) deduct cost of improvements (£105), leaving £2,785. The cost of in-patients is shown to be £1,847. 11s. 2d., and is made up as follows:—Travelling, £7. 10s. 10d.; Provisions, £503. 0s. 7d.; Stimulants, £4. 15s. 5d.; Washing, £44. 19s.; House Expenses, £47. 15s. 6d.; Furniture and Linen, £156. 15s.; Coals, Gas and Water, £158. 17s. 2d.; ⅓ of Nurses and Servants' Wages, £108. 18s.; and ⅓ of remainder of expenditure, £383. 17s. 6d. Dividing by 22, average number of daily occupied beds, gives £70. 7s.	*Nil.*	*Nil.*	Skin, 50.	*Nil.*	*Not given.*	4 Wards. 1 with 16 beds. 1 " 8 " 2 " 4 " 1 Nurse and 1 Probationer to 16 beds by day. No Night Nursing.	170	£8. 14s. 46 days' average stay in Hospital at a cost of 3s. 10½d. a day.	Yes.	48	From 8s. to £3. 3s. 0d. a week.	£142. 15s. 6d.	Washing of personal linen.	4,667 new cases.	33,804	*Nil.*	*Nil.*	2s. 3½d. Deduct from total ordinary expenditure (£2,785) cost of in-patients (£1,847 11s. 2d.), and divide the remainder by number of out-patients (4,667).	*Nil.*	Yes.	No.	3s. to 10s. a month.	£1,387. 3s. 8d.	Every patient attends at the Secretary's office to be registered, when particulars are taken of name, address, age, occupation, where employed, whether married or single, how recommended, whether previously under the treatment of a General Practitioner, and (if so) for how long; and, if able to pay anything, how much. If the Secretary considers an applicant not entitled to Hospital treatment, and the decision is questioned, the applicant is required to obtain a note of recommendation from a Medical Practitioner or a minister of religion before being admitted for treatment.	Letters are required exception in urgent cases payments for out-patients
WESTERN - - - - - -	*No Beds.*	- - - - - - - - - -				- - - - - - - - - -						- - - - - - - - - -	-	- - - - - - - - - -	-	- - - - - - - - - -				*Not given.*	1890-91. 2,645.	*Nil.*	*Nil.*	*Not given.*	*Nil.*	Yes.	No.	1*. a week or more.	1890-91. £170.	Patients deemed capable of paying, and unwilling to do so, are required to bring a certificate of poverty.	Letters are not necessary bringing them not questions.
THROAT AND EAR HOSPITALS:																													
ENTRAL - - - - - -	17	- - - - - - - - - -				- - - - - - - - - -						- - - - - - - - - -	*No information has been received from this Institution.*							—	—	—	—	—	—	—	—	—	—	—
GOLDEN SQUARE - - - -	20	20	*Nil.*	*Not given*	18	£75. Estimated only.	*Nil.*		Throat, 20.	*Nil.*	*Not given.*	4 Wards. 1 with 10 beds. 1 " 9 " 1 " 1 " (a Private Ward).	519	£2. 18s. 8d. Estimated proportion of total cost of maintenance; management not charged.	Yes.	*Not given.*	From 10s. 6d. to 25s. a week.	£309. 3s. 6d.	Clothing, and washing of personal linen.	6,855	38,870	*Nil.*	*Nil.*	2s. 2d. Estimated proportion of total cost of maintenance; cost of management not charged.	*Nil.*	Yes.	No.	From 1s. to 2s. 6d. a week.	£2,241.	Inquiries are made by the Dispenser. If he thinks a patient it able to contribute, he can refuse him treatment until a letter is obtained certifying poverty.	There are Governors' and in- and out-patients, but not absolutely necessary.
LONDON - - - - - -	4	- - - - - - - - - -				- - - - - - - - - -						- - - - - - - - - -	*No information has been received from this Institution.*							—	—	—	—	—	—	—	—	—	—	—
METROPOLITAN - - -	*No Beds.*	- - - - - - - - - -				- - - - - - - - - -						- - - - - - - - - -	-	- - - - - - - - - -	-	- - - - - - - - - -				987	5,982	*Nil.*	*Nil.*	About 3s. 6d. By dividing the expenses by the number of patients.	*Nil.*	Yes.	No.	From 3d. to 1s. or 2s.	£98. 1s. 6d.	*No information on this point.*	By letter or personal of a letter is consider sions.
ROYAL EAR - -	9	9	*Nil.*	*Nil.*	5	*No information given on this point.*	*Nil.*	*Nil.*	Ear, 9.	*Nil.*	*Not given.*	*No information given on this point.*	113	£1. 3s. Cost of provisions, medicines, and proportion of general expenses.	Yes.	60	From 5s. to 12s. a week.	£106.	Washing of personal linen.	2,823	8,466	*Nil.*	*Nil.*	3s. 6d. On the cost of medicine and general expenditure.	*Nil.*	Yes.	No.	From 1s. to 5s. a month.	£493.	Patients are carefully questioned by the Secretary as to their means.	There are Governors' Easy are not necessary of a letter is considered sions.

K.—Special Hospitals in the Metropolis.—III. Notes with respect to the Beds, Wards, Patients, &c.—*continued.*

…AL.	BEDS.											WARDS.	IN-PATIENTS.							OUT-PATIENTS AND CASUALS.										Arrangements made to prevent Abuse in the Out-Patients and Casualty Departments.	System of Admission.
	Total Number of Beds.	Total Number in Use.	Total Number Unoccupied for want of Funds.	Average Number left Unoccupied for necessary Hospital work, Repairs, Cleaning, &c.	Average Daily Number of Occupied Beds.	Cost of Occupied Bed, and Method of Calculating it.	Number of Medical.	Number of Surgical.	Number for Specialities.	Number of Isolation.	Number of Paying.	Number of Wards, and Number of Beds in each, and Number of Nurses in each Wards by Night and by Day.	Number of In-patients, in 1890.	Cost of each, and Method of Calculating it.	If Payment is received from.	What Number of Paying.	What are the Amounts charged.	What Sum was received from this Source in 1890.	Are they expected to provide themselves with any Articles of Clothing or Food, or to pay for Washing.	Total Number of Out-Patients in 1890.	Total Number of Out-Patients' Attendances in 1890.	Total Number of Casualties in 1890.	Total Number of Casualty Attendances in 1890.	Cost of Out-Patients, and Method of Calculating it.	Cost of Casualty Patient.	If Payment is received from Out-Patients.	If Payment is received from Casualties.	What is the Sum charged.	Amount received from Out-Patients and Casuals in 1890.		
…IEN AND CHILDREN:																															
- -	18	18	*Nil.*	1	10, and 11 in 1890, when Hospital only contained 14 beds.	£90. 4*s.* By dividing the estimated cost of in-patients by the number of beds occupied.	*Nil.*	18	*Nil.*	*Nil.*	18	9 Wards, with 4, 3, 2, and 1 beds respectively. 1 Nurse to each floor by day, and 1 to all Wards by night. Cases of gravity are attended by a special Nurse.	107	£90. 4*s.* By dividing the estimated cost of in-patients by the number of beds.	Yes.	107	From 5*s.* a week with Subscribers' letter, to 10*s.* without. Private Wards (2), 1 guinea each a week.	£201. 8*s.*	Washing.	1,981	9,884	*Nil.*	*Nil.*	3*s.* 1*d.* By dividing the expenses by the number of patients.	*Nil.*	Yes.	No.	From 2*d.* to a 1*s.*, according to means.	£234. 13*s.*	Patients are seen by a Lady Visitor in attendance in Out-patients' Waiting Room before admission to the Consulting Room.	By Governor's letter, except for patients paying no less than 10*s.* a week for admission to General Ward, and 1 guinea a week for Private Ward.
- -	50	50	*Nil.*	*Nil.*	50	£1. 0*s.* 8*d.* per week. According to Metropolitan Sunday Fund Scale.	24	20	Gynæcological, 60.	*Nil.*	*Nil.*	7 Wards, with 6 to 8 beds in each. *No information given with regard to Nurses.*	509	£4. 18*s.* 10*d.* each. In-patients average 33½ days, at 20*s.* 8*d.* a week.	No.	*Nil.*	*Nil.*	*Nil.*	*Not given.*	7,020	29,890	*Nil.*	*Nil.*	1*s.* 1*d.* Estimated.	*Nil.*	Yes.	No.	1*d.* for registration fee.	*Nil.*	Enquiry is made.	Governors' letters are necessary.
- -	53	53	*Nil.*	4	50	£99. 6*s.* 9*d.* The whole of the expenditure, minus £600 for Out-patient Department, and the average number of beds occupied.	25	28	*Nil.*	*Nil.*	*Nil.*	21 Wards. 2 with 8 beds. 3 " 5 " 3 " 3 " 13 " 1 " *No information given with regard to Nurses.*	504	£9. 17*s.* 1*d.* Based upon the whole expenditure, minus £600 for the Out-patient Department.	No.	*Nil.*	*Nil.*	*Nil.*	Washing of personal linen.	5,330	15,182	*Nil.*	*Nil.*	2*s.* 3*d.* Estimated.	*Nil.*	No.	No.	*Nil.*	*Nil.*	*No information given on this point.*	No letters are necessary.
…EN:																															
- -	60	60	*Nil.*	9	34	£97. By dividing the total expenditure by the number of beds occupied.	*Not given.*	*Not given.*	60 for Women.	*Not given.*	*Not given.*	16 Wards. 9 with 3 beds. 4 " 4 " 1 " 9 " 1 " 7 " 1 " 1 " 3 or 4 Nurses to each floor by day; 2 regular; sometimes 3, 4, and 5, by night, according to the gravity of cases.	464	£7. 3*s.* 6*d.* By dividing the total expenditure by the number of patients treated.	Yes.	About 20.	From 10*s.* 6*d.* to £2. 2*s.* a week.	£385. 9*s.* 5*d.*	Washing of personal linen.	3,809	12,242	*Nil.*	*Nil.*	2*s.* 5*d.* By dividing one-eighth of expenditure by the number of new cases.	*Nil.*	Yes.	No.	6*d.* if unprovided with a Governor's letter.	*Not given.*	The physicians refer doubtful cases to the Secretary for investigation.	Governors' letters are necessary.
Soho	66	66	*Nil.*	*Nil.*	50	£2. 2*s.* 6*d.* a week. By dividing the total expenditure by the beds occupied.	66	*Nil.*	*Nil.*	*Nil.*	20	15 Wards. 2 with 10 beds. 2 " 6 " 4 " 5 2 " 3 " 3 " 2 " 2 " 1 " *No information given with regard to Nurses.*	697	£2. 2*s.* 6*d.* After allowance of proportion of drugs, &c., for out-patients.	Yes.	20	From £1. 5*s.* to £2. 2*s.* a week.	£1,151. 7*s.* 7*d.*	Washing of personal linen.	5,731	31,041	*Nil.*	*Nil.*	2*s.* 6*d.* By taking proportion of cost of drugs, and adding special items, viz.: Nurse, Wages, Firing, &c.	*Nil.*	Yes.	No.	No fixed charge.	£99. 13*s.* 11*d.*	*Nil.*	In-patients require Governor's letter except in urgent cases.
- -	42	26	*Nil.*	1	18	£53. 14*s.* 8*d.* By multiplying the cost per week by number of weeks open.	*Nil.*	*Nil.*	42 for Women.	*Nil.*	*Nil.*	8 Wards. 2 with 10 beds. 2 " 9 " 4 " 1 " 3 Nurses to each floor by day, and 1 for each floor by night.	213	7 5*s.* 8*d.* By dividing the total expenditure by the number of patients.	Yes.	3 Private Wards.	From 2*s.* 6*d.* according to means. £3. 3*s.* in Private Wards.	£252. 1*s.* 3*d.*	Washing of personal linen.	3,789	13,600	*Nil.*	*Nil.*	1*s.* 11*d.* By dividing cost of Out-patient Department by the number of patients.	*Nil.*	Yes.	No.	2*d.* for medicine if with a Subscriber's letter, and 6*d.* or 1*s.* entrance fee if without a 'letter.'	£328. 3*s.* 2*d.*	If the patient appears to be above the class needing Hospital relief, enquiry is made.	Cases are admitted according to their urgency.
…PITAL:																															
- -	40	40	*Nil.*	*Nil.*	36	£62. Separate accounts are not kept for in- and out-patients.	*Nil.*	40	*Nil.*	*Nil.*	*Nil.*	6 Wards. *No further information given.*	737	£3. 7*s.* 4*d.* *No information given as to the method of calculation.*	No.	*Nil.*	*Nil.*	*Nil.*	*No information given.*	13,737	30,700 odd.	*Not given.*	*Not given.*	*Not given.*	*Not given.*	No.	No.	*Nil.*	*Nil.*	All accidents are treated. No enquiries are necessary.	Quite free.
- -	25	- -	- -	- -	- -	- - - - -	- -	- -	- -	- -	- -	- - - - - - -	*No information has been received from this Institution.*		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
…NTLE-	25	- -	- -	- -	- -	- - - - -	- -	-	- -	- -	- -	- - - - - - -	*No information has been received from this Institution.*		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
- -	20	20	*Nil.*	*Not given.*	10·1	£2. 4*s.* 6*d.* a week. On total expenditure, after deducting cost of Nursing Institute.	*No information given on distribution of beds.*				*Not given.*	12 Wards, with from 1 to 5 beds in each. 1 Sister, 1 Staff Nurse, and 7 Probationers nurse all the beds by day, and 2 nurses by night—with special Nurses if required.	146	*No information given on this point.*	Yes.	20	From 7*s.* to £5. 5*s.* a week.	£702.	Clothing, and washing of personal linen.	*No Out-Patients.*		- -	- -	- - - - -	- -	- -	- -	- - -	- - -	- - - -	By payment, except in cases of accident.
- -	6	4	*Not stated.*	*Not given.*	3	*No information given on this point.*	*No information given on distribution of beds.*				*Not given.*	1 Ward, with 6 beds.	28	£1. 2*s.* 6*d.* a week. *No information as to the method of calculation.*	*Not stated.*	*Not stated.*	*Not given.*	*Not given.*	*No information given on this point.*	- -	*No information given on these points.*				- -	Yes.	*Not stated.*	½*d.* for dressing, 2*d.* for ointments and lotions, 3*d.* medicine.	£37. 2*s.* 4*d.*	*No information given on this point.*	Hospital for Dockmen, who are free; payment taken from others.
…TH'S -	50	50	*Nil.*	*Nil.*	44·673	£36. 11*s.* By dividing total expenditure of the year by the daily average of beds occupied.	The cases are chronic.			-	*Nil.*	*No information given on this point.*	101 New Patients.	13*s.* 5½*d.* a week. By dividing total expenditure of the year by number of patients admitted during the year, multiplying by 7 days, and dividing by the average number of days of residence.	No.	*Nil.*	*Nil.*	*Nil.*	Clothing, and washing of personal linen.	*No Out-Patients.*		- -	- -	- - - - -	- -	- -	- -	- - -	- - -	- - - -	Some Subscribers pay £25 a year as supporting a bed, and they have a right to have a patient always in the Hospital, provided it be a case of the kind for which the Hospital is intended (chronic and hopeless); otherwise no letter is required.
-	33	33	*Nil.*	*Nil.*	*Not given.*	*No information given on this point.*	Adults, 24.	Children, 8.	*Nil.*	1	*Nil.*	5 Wards. 2 with 12 beds each. 2 " 4 cots " 1 " 1 bed. *No information as to the Nursing is given.*	1890–91. 252	*No information given on this point.*	No.	*Nil.*	*Nil.*	*Nil.*	*No information given on this point.*	1890–91. 23,642	1891–91. 50,318	1890–91. *Nil.*	1890–91. *Nil.*	*Not given.*	*Nil.*	No.	No.	*Nil.*	*Nil.*	*No information given on this point.*	A Subscriber's 'letter' is necessary for out-patients only. Accidents and cases of urgency are attended at all times without 'letters.'

L.—Special Hospitals in the Metropolis.—I. Notes on Nursing.

	Number of Beds in Use.	Average number of Occupied Beds.	Number of Nursing Staff and their Salaries.	Hours on Duty.	Hours off Duty and Annual Holiday.	Meal Hours.	By whom the Nursing Staff are Appointed and Dismissed.	Length of Service of Nurses and Probationers, and Number under each Year. When Certificates are granted.	The Matron and her Assistants; their Duties and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	Total Number of Nursing Staff and Proportion of Nurses to Patients.	Sleeping Accommodation.	Pensions.	PRIVATE NURSING INS		
																Number of Nurses.	Wages.	Charges to Public.
HOSPITALS FOR CANCER:																		
BROMPTON	101	78	1 Matron £100 a year, board and lodging. 1 „ Assistant £35 „ 1 Head Night Nurse £36 „ 9 Nurses £25 „ rising £1 annually to £30. 8 Probationers £10 „ *No information given as to allowances.*	Nurses 8 a.m. to p.m. Nurses (Night) 9 p.m. to 8 a.m. Probationers 7 a.m. to 8.30 p.m.	DAY NURSES AND PROBATIONERS. 2 hours daily. Day and Night Nurses have an annual holiday of 3 weeks, and Probationers one of a fortnight.	DAY NURSES. Breakfast 7.30 a.m. Lunch 11 a.m. Dinner 1 p.m. Tea 4.30 p.m. Supper 8 p.m. PROBATIONERS. Breakfast 8 a.m. Lunch 10.30 a.m. Dinner 12 noon. Tea 4.30 p.m. Supper 8.30 p.m.	The House Committee.	NURSES. 1 with 11 years. 1 „ 7 „ 1 „ 6 „ 2 „ 4 „ 3 „ 2 „ 2 „ 1 „ PROBATIONERS. All under 1 year's service. Certificates are not granted.	The Matron has charge of the nursing arrangements and of the domestic matters. She visits every ward twice a day. The Matron's Assistant superintends the nursing under the matron; she is a trained surgical nurse. The Head Night Nurse has the superintendence of the whole of the wards at night, and in cases of emergency calls up the Matron. The Matron has an annual holiday of 1 month. The Matron's Assistant and Head Night Nurse have an annual holiday of 3 weeks.	There are 2 Night Nurses, who take the duty permanently. They have 1 night off every month, and an annual holiday of 3 weeks.	Are taken for 1 year, after which time they leave to gain further experience. They are placed on night duty, but not before they have 3 months' training.	*Nil.*	8 Nurses (day). 2 „ (night). Proportion of Nurses to patients is:— By day, 1 to 10. By night, 1 to 30.	Each Nurse has her own separate bedroom.	No system of pensions. £. 30 a year is given to a former Nurse, who had served the Hospital for 15 years.	*Nil.*	*Nil.*	*Nil.*
ST. SAVIOUR'S	36	20	1 Mother Superior Honorary. 1 Sister „ 5 Day Nurses £12 a year, board and lodging. 2 Night „ 8*s.* a week.	Sister and Day Nurses 9 a.m. to 8 p.m. Night Nurses 8 p.m. to 9 a.m.	SISTER. 2 hours on alternate days. DAY NURSES. 2 hours on alternate days, and every other Sunday.	SISTERS & DAY NURSES. Breakfast 8 a.m. Lunch 11 a.m. Dinner 1 p.m. Tea 4 p.m. Supper 8.30 p.m. NIGHT NURSES. When they like.	The Mother Superior.	SISTER. With 4 years. DAY NURSES. 5 under 2 years. NIGHT NURSES. 1 with 9 months. 1 „ 4 „ Certificates are not granted.	The Mother Superior has entire control of the Institution. She visits every ward daily when at home and her health permits. The Sister acts as dispenser and dresser. She has an annual holiday of 3 weeks.	There are 2 Night Nurses, who are engaged by the week.	*Nil.*	*Nil.*	5 Nurses by day and 2 by night, being in proportion of 1 Nurse to 4 patients by day and 1 to 10 by night.	Special dormitories, with cubicles.	*Nil.*	*Nil.*	*Nil.*	*Nil.*
HOSPITALS FOR CHILDREN:																		
ALEXANDRA	81 60 in London. 21 in Bournemouth.	81	1 Matron in London £40 a year, board and lodging. 1 „ Bournemouth £40 „ „ „ 1 Head Nurse £15 „ „ „ 8 Day „ £11 to £12 „ „ 2 Night „ £11 to £12 „ „ 5 Special Probationers; pay 10*s.* 6*d.* a week for the first 3 months.	Head Nurse 7 a.m. to 7 p.m. Day Nurses 6.30 a.m. to 7 p.m. Night Nurses 7 p.m. to 10 a.m. Special Probationers 7 a.m. to 7 p.m.	HEAD NURSE. 2 hours every other day. DAY NURSES AND SPECIAL PROBATIONERS. 2 hours every other day. NIGHT NURSES. 2 hours daily. All the Nurses have an annual holiday of 3 weeks.	HEAD NURSE & SPECIAL PROBATIONERS. Breakfast 7.10 a.m. Lunch 10.20 a.m. Dinner 1 p.m. Tea 4.30 p.m. Supper 7 p.m. DAY NURSES. Breakfast 6.15 a.m. Lunch 10 a.m. Dinner 1.30 p.m. Tea 5 p.m. Supper 8.30 p.m. NIGHT NURSES. Breakfast 9 p.m. Ward meal 2 a.m. Dinner 10 a.m.	The House Committee, on the recommendation of the Lady Superintendent.	HEAD NURSE. With 2 years. NURSES. 1 with 5 years. 2 „ 3 „ 7 „ 2 „ Certificates are not granted.	The Matrons have charge of the nursing arrangements and control over all the servants in their respective Hospitals. They visit every ward in their Hospitals every day. The Matron in London has an annual holiday of 6 weeks, and the Matron at Bournemouth one of 4 weeks.	There are 2 Night Nurses, who are on that duty for 2 months at a time.	*Nil.*	Are taken for 1 year's training. There are now 5 in the Hospital, and 6 is the number allowed by the Committee. They are not placed on night duty.	1 Head Nurse, 6 Day Nurses, and 2 Night Nurses in London. 2 Day Nurses in Bournemouth. The proportion of Nurses to patients in the London Hospital is 1 to 5 by day and 1 to 30 by night.	*No information given on this point.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
BELGRAVE	23	17	1 Matron Honorary. 3 Day Nurses } £22 a year, board and lodging, 2 Night „ } uniform, and washing. 1 Out-patient Nurse £38; uniform only.	Day Nurses 7 a.m. to 9 p.m. Night Nurses 9 p.m. to 9 a.m.	DAY NURSES. 2 hours twice a week and 4 hours on Sunday. NIGHT NURSES. 3 hours every day.	DAY NURSES. Breakfast 8 a.m. Dinner 12.45 p.m. Tea 4.30 p.m. Supper 9.15 p.m. NIGHT NURSES. Breakfast 8 p.m. *Other meal hours are not stated.*	By the Matron, with the sanction of the Medical Officers.	DAY NURSES. 2 with 18 months. 1 „ 9 „ OUT-PATIENT NURSE. With 14 years. NIGHT NURSES. 1 with 4 years. 1 „ 10 months. Certificates are not granted.	The Matron has entire superintendence and general management of the nursing and domestic arrangements. She visits every ward daily.	There are 2 permanent Night Nurses, who have each an annual holiday of 2 weeks.	*Nil.*	*Nil.*	3 Day Nurses. 2 Night „ The proportion being 1 Nurse to 5·6 patients by day and 1 to 8·5 by night.	*No information given on this point.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
CHEYNE	50	50	1 Lady Superintendent £105 a year, board and lodging. 2 Head Nurses £28 a year, board, lodging, uniform, and washing. 2 Under Day Nurses } £12 a year, board, lodging, 2 „ Night „ } uniform, and washing. £12 „ „ „	Head Nurses and Under Day Nurses 7.30 a.m. to 9.30 p.m. Night Nurses 9.30 p.m. to 8 a.m.	Head Nurses and Under Day Nurses, 3½ hours a day. Night Nurses from 8.30 a.m. to 12.30 p.m. daily. All the Nurses have a fortnight's annual holiday.	HEAD AND UNDER DAY NURSES. Breakfast 7 a.m. Lunch 10 a.m. Dinner 1.15 p.m. Tea 5 p.m. Supper 9 to 9.45 p.m. NIGHT NURSES. Breakfast 9 p.m. Dinner 8.30 a.m. Day Meal 12.30 p.m.	*No information given on this point.*	HEAD NURSES. 1 with 16 years. 1 „ 10 „ UNDER DAY NURSES. 1 with 3½ years. 1 „ 6 months. UNDER NIGHT NURSES. 1 with 2 years. 1 „ 1½ „ Certificates are not granted.	The Lady Superintendent has entire charge of the nursing and domestic arrangements of the Hospital. She visits every ward daily, and has an annual holiday of one month.	There are two Night Nurses, who take the duty for 3 months at a time.	*Nil.*	*Nil.*	2 Head Nurses. 2 Under Day Nurses. 2 Night Nurses. The proportion of Nurses to patients is 1 to 12·5 by day and 1 to 25 by night.	Head Nurses have separate rooms. Under Nurses sleep 2 in a room.	*Nil.*	*Nil.*	*Nil.*	*Nil.*

L.—Special Hospitals in the Metropolis.—I. Notes on Nursing—*continued.*

	Number of Beds in Use.	Average Number of Occupied Beds.	Number of Nursing Staff and their Salaries.	Hours on Duty.	Hours off Duty and Annual Holiday.	Meal Hours.	By whom the Nursing Staff are Appointed and Dismissed.	Length of Service of Nurses and Probationers, and Number under each Year. When Certificates are granted.	The Matron and her Assistants; their Duties and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	Total Number of Nursing Staff and Proportion of Nurses to Patients.	Sleeping Accommodation.	Pensions.	PRIVATE NURSING INSTITUTION. Number of Nurses.	Wages.	Charge to Public.	Length of Training required.
ALS FOR CHILDREN—*continued.*																			
- - -	92	81	1 Matron - - - - £80 a year, board and lodging. 3 Ward Sisters - - 1st year £30, 2nd „ £35, 3rd „ £40 „ „ uniform and washing. 1 Out-patient - - 3rd „ £40 27 Nurses and Probationers - - 1st year £10, 2nd „ £12, 3rd „ £20 „ „ „ „ Special Probationers pay £1 1*s.* a week for their board and lodging.	Sisters 8 a.m. to 10 p.m. Day Nurses and Probationers. *Hours on duty not given.* Night Nurses. *Hours on duty not given.*	Sisters. From 5 to 10 p.m. on Tuesdays and Sundays. From 6 to 10 p.m. on Thursdays. From 2 to 10 p.m. on Saturdays. From 2 p.m. on Saturdays to the following Monday morning once a month and an annual holiday of 1 month. Nurses and Probationers. 3 hours daily, and must apply to the Matron for extra leave. *Annual holiday not given.*	Sisters. Breakfast 8.30 a.m. Lunch 1 p.m. Dinner 6 p.m. Tea 4.30 p.m. Day Nurses and Probationers. Breakfast 6.30 a.m. Lunch 10.30 a.m. Dinner 1 to 2 p.m. Tea 4 to 5 p.m. Supper 9 p.m. Night Nurses. *Meal Hours not given.*	The Lady Superintendent.	Sisters. 1 with 7 years. 1 „ 2 „ 2 „ 1 „ Nurses. 1 with 6 years. 2 „ 2½ „ 4 „ 2 „ Probationers. 6 under 3 years. 4 „ 2 „ 10 „ 1 „ Certificates are granted after 3 years' training.	The Lady Superintendent superintends the Nursing of the Hospital. She visits every Ward daily. She has 6 weeks annual holiday.	There are 6 Night Nurses, who change to day duty every 3 months.	Are promoted to be Nurses after 3 years' training. They are put on night duty after 6 months' training. They can become Sisters of Wards after training in an hospital for adults.	Are taken for 6 months. There are 3 now in the Hospital; 4 are allowed by the Committee. They are put on night duty in special cases. They can become Sisters of Wards after training in an hospital for adults.	*No information given on this point.*	The Sisters have bedrooms at the end of their wards. New dormitories for Nurses are now in course of erection.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
- - -	66	54	1 Matron - - - - £100 a year. 1 Sister - - - - £40 „ with board, lodging, washing, uniform and beer. Day Nurses - - Night Nurses - - 12 Probationers - - from £10 to £26 „ „ „ 5 Special Probationers pay 1 guinea a week for board and lodging. *Number of Day and Night Nurses not given.*	Day Nurses, Probationers, and Special Probationers, from 7.30 a.m. to 8 p.m. Night Nurses from 8 p.m. to 7.30 a.m.	Day Nurses and Probationers. 2 hours every other day, and from 12 noon to 10 p.m. every third week, and a fortnight's holiday every 6 months. Night Nurses. From 7.30 a.m. to 11.30 a.m. daily, with the same annual holidays as Day Nurses. Special Probationers. 2 hours daily and half a day every week.	Day Nurses, Probationers, and Special Probationers. Breakfast 7 a.m. Lunch 9.30 a.m. Dinner 12 noon. Tea 4 p.m. Supper 8.30 p.m. Night Nurses. Breakfast 7.45 p.m. Ward Meal 11 p.m. and 3 a.m. Dinner 7.45 a.m.	The Lady Superintendent.	*No information with regard to the length of service of Nurses or Probationers.* Certificates are granted after 2 years' training.	The Matron has charge of the nursing arrangements and domestic affairs of the Hospital. She visits every ward daily. She has an annual holiday of 6 weeks.	There are no permanent Night Nurses. The Nurses change from night to day duty every 2 months.	Are promoted to Nurses after 2 years' service. There are 6 under 1 year's training, and 6 under 2 years. They are put on night duty after 6 months' training.	Are taken for 2 years' training. There are now 5 in the Hospital. There is no limit to the number allowed by the Committee. They are placed on night duty.	*No information given as to the total number of staff.* There are 14 Nurses to 66 beds by day, and 5 Nurses to the same number of beds by night.	*No information given on this point.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
Infirmary Children,	46	44	1 Matron - - - - £70 a year, with board and lodging. 2 Day Nurses - 2 Night „ - - £22 10*s.* a year, with board, lodging, and uniform. 5 Probationers - - - £8 a year, with board, lodging, and uniform.	Day Nurses from 7 a.m. to 10 p.m. Probationers from 7.30 a.m. to 10 p.m. Night Nurses from 10 p.m. to 8 a.m.	Day Nurses. 2 hours on 5 days a week, and an evening twice a week. Probationers. *Hours off duty not given.*	Day Nurses. Breakfast 7 a.m. Lunch 10 a.m. Dinner 1 p.m. Tea 5 p.m. Supper 8.30 p.m. Probationers. Breakfast 7 a.m. Lunch 10.30 a.m. Dinner 1.30 p.m. Tea 5 p.m. Supper 9 p.m. Night Nurses. Breakfast 9.30 p.m. Dinner 10 a.m.	The Committee.	Day Nurses. 1 with 10 years. 1 „ 3 „ Probationers. 2 under 1 year. 3 „ 2 years. Certificates are granted after 3 years' service.	The Matron has general charge of the nursing and domestic arrangements of the Hospital. She visits every ward daily, and has an annual holiday of 3 or 4 weeks.	There are 2 Night Nurses, who perform that duty for 6 weeks at a time.	Can be promoted to be Nurses after 1 year's training. They are put on night duty after 6 months' training.	*Nil.*	*No information is given on this point.*	*No information is given on this point.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
Sick Children, Ormond	127	92	1 Matron - - - £105 a year, with board, lodging, and 2*s.* 3*d.* a week for washing. 1 „ Assistant or Home Sister. - £40 a year, with board, lodging, and 2*s.* 3*d.* a week for washing. 1 Night Superintendent - £35 a year, with board, lodging, uniform, and 2*s.* 3*d.* a week for washing. 7 Sisters - - - £35 a year, with board, lodging, uniform, and 2*s.* 3*d.* a week for washing. 5 Staff Day Nurses - £25 a year, with board, lodging, and 1*s.* 8*d.* for washing and beer. 6 „ Night „ - 11 Probationers - - £12 a year, ditto, ditto. 9 Special Probationers - Pay £1 1*s.* a week for board and lodging.	Sisters from 9 a.m. to 10 p.m. Day Nurses, Probationers, and Special Probationers, from 7 a.m. to 9 p.m. Night Nurses from 9 p.m. to 9 a.m.	Sisters. 3 hours daily, and every third week from 6 p.m. on Saturday to 9 a.m. on Monday. Day Nurses, Probationers, and Special Probationers. 3 hours on 5 days a week, and 4 hours twice a week. Annual Holidays.—The Sisters have 1 month; Day Nurses and Probationers 3 weeks.	Sisters, Day Nurses, Probationers, and Special Probationers take their meals at the following hours: Breakfast 8.30 a.m. Lunch 10 a.m. to 1 p.m. Tea 3 p.m. Dinner 6.30 p.m. Coffee 9.30 p.m.	The House Committee on the recommendation of the Lady Superintendent.	Sisters. 1 with 6 years. 1 „ 3 „ 2 „ 2½ „ 1 „ 2 „ 2 „ 7 months. Day and Night Staff Nurses. 1 with 3 years. 5 „ 2 „ 2 „ 1 „ 2 „ 4 months. 1 „ 1 month. Probationers. 6 under 1 year. 5 „ 2 „	The Matron has supervision of the nursing and of the domestic arrangements of the Hospital. She visits every ward twice daily. She has an annual holiday of 1 month. The Assistant Matron or Home Sister supervises the housekeeping and some of the servants. The Night Superintendent has charge of the Hospital at night. The Assistant Matron and Night Superintendent have an annual holiday of 1 month each.	There are 6 Nurses on night duty for 2 months at a time. They are never put on this duty without at least 2 years' training.	They are promoted to Nurses after 2 years' training. They are not placed on night duty until they have completed 2 years' training. They can become Sisters of Wards if they are ladies.	They are taken for 1 year. There are 9 now in the Hospital, which is the number allowed by the Committee. They are not put on night duty. They can become Sisters of Wards after 18 months' training, after a further training in an adult hospital.	38 Sisters and Nurses. By day each ward has 1 Sister, 1 Staff Nurse, and 3 Probationers. By night 1 Staff Nurse for each ward of 21 beds. The smaller wards are nursed according to the severity of the cases.	Each Sister, Staff Nurse, and Probationer has a separate cubicle.	*Nil*	8	25*l.* and 10% after the first year, rising to 25% on fees earned by each individual nurse.	2 guineas for the first week, and 1 guinea afterwards.	Not less than 2 years; mostly 3 years. This rule is never infringed. The Institution does not with draw Nurses from the Hospital work, as it is worked quite separately.

L.—Special Hospitals in the Metropolis.—I. Notes on Nursing—*continued.*

	Number of Beds in Use.	Average Number of Occupied Beds.	Number of Nursing Staff and their Salaries.	Hours on Duty.	Hours off Duty and Annual Holiday.	Meal Hours.	By whom the Nursing Staff are Appointed and Dismissed.	Length of Service of Nurses and Probationers, and Number under each Year. When Certificates are granted.	The Matron and her Assistant; their Duties and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	Total Number of Nursing Staff and Proportion of Nurses to Patients.	Sleeping Accommodation.	Pensions.	PRIVATE NURSING INSTITUTION.			
																Number of Nurses.	Wages.	Charge to Public.	Length of Training required.
HOSPITALS FOR CHILDREN—*continued.*																			
North-Eastern	64	—	*No information has been received from this Institution.*																
Paddington Green	27	21	1 Matron, £50 a year, board and lodging. 2 Day Nurses, £16 to 18 *l.* a year, board, lodging, uniform, and 1 *s.* 6 *d.* a week for washing. 2 Night ,, £22 ,, ,, 1 Out-patient, ditto £22 ,, ,, 1 ,, ,, £40 ,, ,, 2 Probationers £8 ,, ,,	Day Nurses and Probationers 7 a.m. to 8 p.m. Night Nurses from 8 p.m. to 7 a.m.	Nurses and Probationers. Have 2 hours off duty daily. Annual Holidays:— Nurses 3 weeks. Probationers 1 week.	Day Nurses and Probationers. Breakfast 6.30 a.m. Lunch 11.15 a.m. to 11.45 ,, Dinner 8 p.m. Tea 3.15 p.m. to 3.30 ,, Night Nurses. Breakfast 7.30 p.m. Ward Meal 1 a.m. Dinner 8 a.m.	The Matron.	Nurses. 1 with 7 years. 2 ,, 4 ,, 3 ,, 1½ ,, Probationers. 2 under 1 year's service. The Nurses are all trained when engaged.	The Matron has entire charge of the nursing and domestic arrangements of the Hospital. She visits every ward frequently daily. She has an annual holiday of 3 weeks.	There are 2 Nurses on night duty; they change to day duty at the end of 1 month.	After 1 year's service they go to a General Hospital for further training. They are not placed on night duty.	*Nil.*	4 Nurses and 2 Probationers. The proportion of Nurses to patients is:— By day 1 to 7. By night 1 to 13.	The 2 Out-patient Nurses have separate bedrooms. The 2 Day Nurses and Probationers sleep in a room with beds curtained off one from the other.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
Victoria	74	66	1 Matron, £100 a year, board and lodging. 1 Assistant, £50 ,, ,, 4 Sisters, £30 to 35 *l.* ,, ,, washing and uniform. 5 Day and Night Nurses, £20 ,, ,, ,, 8 Probationers, £12, 16 *l.* and 18 *l.*, board, lodging, washing, and uniform. 5 ,, (Special) pay, £15 first quarter, £12 second ,, £6 third ,, *Nil* fourth ,,	Sisters from 8 a.m. to 7 p.m. Nurses and Probationers on day duty from 6.30 a.m. to 8 p.m. Nurses and Probationers on night duty from 8 p.m. to 8 a.m.	Sisters. Have 2 hours off duty daily and an Annual Holiday of 1 month. Nurses and Probationers. Have 2 and 4 hours off duty on alternate days. Annual Holidays:— Nurses 3 weeks. Probationers 2 weeks.	Sisters. Breakfast 7.30 a.m. Dinner 1 p.m. Tea 4 p.m. Supper 7 p.m. Nurses & Probationers. (On Day Duty.) Breakfast 7.30 a.m. Lunch 10 a.m. Dinner 12.30 p.m. Tea 3.30 p.m. to 4 p.m. Supper 9 p.m. Nurses & Probationers. (On Night Duty.) Breakfast 7.30 p.m. Dinner 8.30 a.m.	Nursing Committee.	Sisters. 1 with 6½ years. 1 ,, 4½ ,, 1 ,, 3 ,, 1 ,, 1 month. Nurses. 1 with 3 years. 4 ,, 2¼ ,, Probationers. 4 under 1 year. 4 ,, 2 years. The Nurses are granted certificates after 3 years.	The Matron has charge of the nursing and domestic arrangements of the Hospital. She visits every ward twice daily. She has an annual holiday of 1 month. The Matron's Assistant superintendents the servants' linen and the Nurses' Home. She has an annual holiday of 1 month.	There are 2 Nurses on night duty; they change every month to day duty.	They are promoted to be Nurses after 2 years' training. They are put on night duty after the first year. They do not become Sisters of Wards.	They are taken for 1 year. There are 5 now in the Hospital, which is the number allowed by the Committee. They are occasionally put on night duty as second Nurse. They can become Sisters of Wards after 3 years' training.	17 Sisters, Nurses, and Probationers. The proportion of Nurses to patients is:— By day 1 to 3½. By night 1 to 17.	Each have a separate bedroom.	Affiliated to the Royal National Pension Fund for Nurses, the Hospital Committee paying half premiums.	18	20 *l.* to 26 *l.*, and from 6 per cent. to 25 per cent. of their individual earnings.	1 *l.* 11 *s.* 6 *d.* to 2 *l.* 2 *s.* 0 *d.*	2 or 3 years' training. This rule is not inflexible. The Institution does not as a rule keep to withdraw nurses from the ordinary work of the Hospital.
HOSPITALS FOR CONSUMPTION:																			
Brompton	321	241	1 Matron, £150 a year, board, lodging; 10 guineas for lectures to Nurses; and 52 *l.* 10 *s.* a year for supervision of the Private Nursing Institution. 2 Night Superintendents, 1 at £40 a year all found, 1 at £30 ,, ,, 7 Sisters, 5 at £40 ,, ,, 2 at £30 ,, ,, 1 ,, Nurses' Home, £18 ,, ,, 30 Day and Night Nurses, 3 at £25 ,, ,, 2 at £23 ,, ,, 5 at £22 ,, ,, 20 at £20 ,, ,, 14 Probationers at £10 ,, ,,	Sisters from 8 a.m. to 10 p.m. Nurses and Probationers on day duty from 7 a.m. to 9 p.m. Nurses and Probationers on night duty from 9.30 p.m. to 8.30 a.m.	Sisters. 2 hours daily and an Annual Holiday of 3 weeks. Day Nurses. 2 hours in the afternoon one day, 2 hours in the evening the next. From 2 to 10 p.m. once a month; from 12 noon to 10 p.m. once a month; from 6 to 9 p.m. one Sunday in the month. They have an Annual Holiday of 10 days each. Probationers. From 2 to 4 p.m. and 6 to 8 p.m. on alternate days.	Sisters. Breakfast 8 a.m. Dinner 12. Tea 5 p.m. Supper 8.30 p.m. Nurses & Probationers. (On Day Duty.) Breakfast 6.30 p.m. Dinner 12–12.30 p.m. Tea 4–5 p.m. Supper 9 p.m. Nurses & Probationers. (On Night Duty.) Breakfast 8.30 p.m. Ward Meal 11 p.m. Dinner 11 a.m.	Lady Superintendent.	Sisters and Night Superintendents. 1 with 20 years. 1 ,, 10 ,, 3 ,, 9 ,, 1 ,, 6 ,, 3 ,, 1 ,, Nurses. 1 with 22 years. 2 ,, 8 ,, 1 ,, 7 ,, 3 ,, 5 ,, 3 ,, 4 ,, 2 ,, 3 ,, 8 ,, 2 ,, 3 ,, 1 ,, 7 ,, 6 months. Probationers. 7 under 1 year's training. 3 ,, 2 ,, ,, 4 ,, 3 ,, ,, Nurses are granted certificates after 3 years.	The Lady Superintendent supervises the nursing and domestic service of the Hospital. She gives lectures to the Nurses, and overlooks the arrangements of the Nursing Institution. She visits every ward daily. She has an annual holiday of 1 month. The 2 Night Superintendents direct the Nurses and assist in nursing patients by night. They each have an annual holiday of 3 weeks.	There are 7 Night Nurses who are not permanently on that duty, but there is no special time for them to revert to day duty. Some remain on night duty for years.	They are promoted to be Nurses after 1 year's training. They are put on night duty after 8 months' nursing. They can become Sisters.	They are taken for 6 months or 1 year. There are two now in the Hospital. They are placed on night duty, and they can become Sisters after 3 years' training.	There are 7 Sisters and 30 Nurses. 1 Sister, 2 Nurses, and 2 Probationers nurse 46 or 48 patients by day. 1 Nurse to 46 or 48 patients, with 2 Superintendents, one for each building, by night. They receive no percentage on their earnings.	The Sisters and Special Probationers have separate bedrooms. Nurses and Ordinary Probationers sleep in rooms with from 2 to 6 beds in each.	*Nil.*	39	11 at 30 *l.* all found, 7 at 28 *l.* do., 5 ,, 20 *l.* ,, 6 ,, 25 *l.* ,, 11 ,, 24 *l.* ,,	From 1 *l.* 11 *s.* 6 *d.* to 2 *l.* 2 *s.* 0 *d.* a week, but less for other hospitals or institutions.	3 years, except in cases where same only required. This rule is now framed.

L.—Special Hospitals in the Metropolis.—I. Notes on Nursing—*continued.*

	Number of Beds in Use.	Average Number of Occupied Beds.	Number of Nursing Staff and their Salaries.	Hours on Duty.	Hours off Duty and Annual Holiday.	Meal Hours.	By whom the Nursing Staff are Appointed and Dismissed.	Length of Service of Nurses and Probationers; and Number under each Year. When Certificates are granted.	The Matron and her Assistants; their Duties and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	Total Number of Nursing Staff and Proportion of Nurses to Patients.	Sleeping Accommodation.	Pensions.	PRIVATE NURSING INSTITUTION. Number of Nurses.	Wages.	Charge to Public.	Length of Training required.
ALS FOR CONSUMPTION—*continued.*																			
DON - -	160	118	1 Matron - - - - - £120 a year, with board and lodging. 2 Sisters - - - - - £40 to £45 a year, with board, lodging, uniform, half washing provided, and £2 per annum in lieu of beer. 18 Day and Night Nurses - - £16 to £24 a year, with board, lodging, uniform, half washing provided, and £2 per annum in lieu of beer.	Sisters from 8 a.m. to 10 p.m. Day Nurses from 7 a.m. to 9 p.m. Night Nurses from 9 p.m. to 9 a.m.	The Sisters' time off duty is varied by the Physicians' visits. They have an annual holiday of 4 weeks each. — Day Nurses. 2 hours every other day. A whole day monthly, and a half-day monthly. — Night Nurses. 2½ hours daily. 1 night off monthly. All Nurses have an annual holiday of 3 weeks each.	Sisters. Breakfast 7.40 a.m. Lunch 1.30 p.m. Tea 4 p.m. Dinner 7 p.m. — Day Nurses. Breakfast 6.40 a.m. Lunch 9.30 a.m. Dinner 1 p.m. Tea 4 p.m. Supper 9 p.m. — Night Nurses. Breakfast 8.40 p.m. Ward meal 1 a.m. Dinner 9.30 a.m.	The Matron, subject to the approval of the House Committee.	Sisters. 1 with 25 years. 1 „ 2 „ — Nurses. 1 with 10 years. 1 „ 7 „ 1 „ 6 „ 1 „ 3 „ 3 „ 2 „ 1 „ 1 year. 10 under 1 „ Nurses are not granted certificates.	The Matron has entire charge of the nursing, and also has supervision of the domestic arrangements of the Hospital. She visits every ward daily as a rule. She has an annual holiday of 1 month.	There are 8 Nurses on night duty. They remain on this duty as long as they are in good health, and only change to day duty as may be convenient to the Hospital arrangements. No Nurse has been on night duty longer than 6 months.	*Nil.*	*Nil.*	*No information given on this point.*	Sisters sleep in separate rooms on the corridors. Nurses sleep 1, 2, 3, or 4 in a room.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
N - -	51	48	1 Matron - - - £60 a year, board and lodging. 4 Day Nurses - - - £23 „ „ „ Uniform, washing and beer money allowed. *No information given as to the number of Night Nurses.*	*No information given with regard to Day Nurses.* Night Nurses from 9 p.m. to 8 a.m.	*No information given on this point.* The Nurses have an annual holiday of 16 days.	*No information given on this point.*	The House Committee.	*No information given on these points.*	The Matron has entire charge of the nursing and domestic arrangements of the Hospital. She visits every ward daily. She has an annual holiday of 3 weeks.	*No information given on this point.*	*Nil.*	*Nil.*	*No information given on this point.*	*No information given on this point.*	No system of pensions, but a gratuity is granted at the discretion of the Committee.	*Nil.*	*Nil.*	*Nil.*	*Nil.*
- - -	50	42	1 Matron - - - £80 a year, board and lodging. 2 Sisters - - - £30 „ „ „ beer and uniform. 4 Nurses - - - £22, rising to £24 do. do. 4 Probationers - - £12, do. do. no beer.	Sisters from 8.30 a.m. to 9 p.m. Nurses and Probationers on day duty 7.30 a.m. to 9 p.m. Nurses and Probationers on night duty from 9 p.m. to 9 a.m.	Sisters. 2 hours daily besides Sundays. They have an annual holiday of 3 weeks. — Day Nurses and Probationers. Have 1½ hours daily exclusive of Sunday. Nurses and Probationers have an annual holiday of 16 days.	Sisters. Breakfast 8 a.m. Dinner 1 p.m. Tea 5 p.m. Supper 9 p.m. — Day Nurses and Probationers. Breakfast 7 a.m. Dinner 12. Tea 4.30 p.m. Supper 9 p.m. — Night Nurses. Breakfast 8.30 p.m. Ward meals. Dinner 9.30 a.m.	Practically by the Matron, but the consent of the Secretary or House Committee must be at first obtained.	Sisters. 1 with 3½ years. 1 „ 5 weeks. — Nurses and Probationers. 1 with 1 year. 2 „ 4 months. 3 „ 2 „ 4 „ 1 „ Nurses are certified after 1 year.	The Matron has the entire charge of the nursing and housekeeping departments. She visits every ward daily, and has an annual holiday of one month.	There are 2 Nurses on night duty who change to day duty after 6 weeks.	It depends entirely upon their capabilities as to when they are promoted to become Nurses. They are put on night duty directly they come, but always with a trained nurse. They can become Sisters of wards.	*Nil*	2 Sisters. 4 Nurses. 4 Probationers. The proportion of Nurses to patients is :— By day 1 to 8, and by night 1 to 12.	Each Sister has a separate bedroom, and the Nurses sleep in cubicles.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
OSPITALS:																			
- - -	No beds.	No beds.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
- - -	No beds.	No beds.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
EVER -	200	75	1 Matron - - - £100 to £120, board and lodging. 1 Night Superintendent £40 to £50 „ „ 2 Sisters - - - £36, rising £3 annually to £45, board and lodging. 19 Nurses - - - £24, rising £2 annually to £30, board and lodging. 5 Probationers - - £12 first year, £20 second year, board and lodging. The Sisters, Nurses, and Probationers are provided with uniform, washing, and £2 12 s. a year in lieu of beer.	Sisters from 8 a.m. to 8 p.m. Nurses and Probationers on day duty 7 a.m. to 8 p.m. Nurses and Probationers on night duty from 8 p.m. to 7 a.m.	Sisters. 13 hours per week, exclusive of meals. They have an annual holiday of 3 weeks. — Day Nurses. 12 hours per week, exclusive of meals. — Probationers. 2 hours on alternate days. Nurses have an annual holiday of from 14 to 21 days. Probationers have an annual holiday of 10 days.	Sisters. Breakfast 8.30 a.m. Lunch 12.45 p.m. Tea 4 p.m. Dinner 6.30 p.m. — Day Nurses. Breakfast 6.30 a.m. Lunch 10 a.m. Dinner 1.15 p.m. Tea 4.45 p.m. Supper 8 p.m. — Night Nurses. Breakfast 7.30 p.m. Dinner 9 a.m. — Probationers. Breakfast 6.30 a.m. Lunch 10.30 a.m. Dinner 12.45 p.m. Tea 5.30 p.m. Supper 8 p.m.	The Matron, with the approval of the Resident Medical Officer, and confirmed by the House Committee.	Sisters. 1 with 4 years. 1 „ 1½ „ — 1 with 11 years. 1 „ 4 „ 3 „ 3 „ 11 „ 2 „ 3 „ 1 year. Nurses are granted certificates after 3 years' service.	This Matron has general supervision of the nursing and domestic arrangements of the Hospital. She visits every ward daily, and has an annual holiday of 31 days. The Night Superintendent has charge of the wards by night, and supervises the Night Nurses' meals.	There are 5 Night Nurses who are not permanently on that duty, but there is no rule as to when they change to day duty.	They are promoted to Nurses after 1 year's training. They are put on night service if needed. There is no rule as to what length of training they should have before being put on this duty. They can become Sisters of the Wards after 3 years' training.	*Nil.*	1 Night Superintendent. 2 Sisters. 19 Nurses. 5 Probationers. *No information given as to the proportion of Nurses to patients.*	Sisters have separate rooms adjoining the wards. Nurses sleep in cubicles.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*

L.—Special Hospitals in the Metropolis.—I. Notes o n Nursing.

NAME.	Number of Beds in Use.	Average Number of Occupied Beds.	Number of Nursing Staff and their Salaries.	Hours on Duty.	Hours off Duty and Annual Holiday.	Meal Hours.	By whom the Nursing Staff are Appointed and Dismissed.	Length of Service of Nurses and Probationers, and Number under each Year. When Certificates are granted.	The Matron and her Assistants; their Duties and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	Total Number of Nursing Staff and Proportion of Nurses to Patients.	Sleeping Accommodation.	Pensions.	PRIVATE NURSING TION. Number of Nurses.	Wages.	Charg to Public
HOSPITALS FOR FISTULA, &c.:																		
Gordon	11	9·3	1 Matron, £. 45 a year. 2 Nurses. *No information given as to wages of Nurses or allowances of Matron and Nurses.*	*No information given on this point.*	*No information given on this point.*	*No information given on this point.*	The Committee.	*No information given on this point.*	*No information given on this point.*	*No information given on this point.*	Nil.	Nil.	1 Matron. 3 Nurses.	*No information given on this point.*	Nil.	Nil.	Nil.	Nil.
St. Mark's	34	28	1 Matron £ 80 a year. 1 Head Nurse from £ 25 to £ 30 a year, and board, lodging, and uniform. 3 Day Nurses £ 18, £ 21, and £ 25 a year, board, lodging, and washing. 1 Junior Assistant Nurse £ 15 a year, board, lodging, and washing.	Head Nurse from 8 a.m. to 10 p.m. Day Nurses from 6.30 a.m. to 9 p.m. Night Nurses from 9.30 p.m. to 10 a.m.	Head Nurse. 12 to 18 hours each alternate week and 1 day each second month. Annual holiday of from 17 to 24 days. Day Nurses. 9 and 15 hours each alternate week and 1 day every two months. Annual holiday of from 12 to 20 days. Night Nurses. 18 hours per week and 1 night every two months. Annual holiday of from 12 to 20 days.	Head Nurse and Nurses on Day Duty. Breakfast 8 a.m. Dinner 1 p.m. Tea 4.30 p.m. Supper 9 p.m. Night Nurses. Breakfast 9.30 p.m. Ward meal 2 a.m. Dinner 8 a.m. Day meal 1 p.m.	The Matron.	Head Nurse. 1 with 7 months. Nurses. 1 with 4 months. 1 ,, 4 years. 1 ,, 1½ year. 1 ,, 1 ,, Certificates are not granted.	The Matron superintends the nursing and household arrangements, and visits each ward daily. The Matron has 1 month's holiday annually.	There are no special Night Nurses. 3 Nurses are put on night duty for 4 months.	Nil	Nil.	1 Head Nurse. 3 Nurses. *No information given as to the proportion of Nurses to patients.*	Head Nurse has a bed-sitting-room, the Night Nurse a small separate room, and the 3 Nurses have cubicles.	Nil.	Nil.	Nil.	Nil.
St. Peter's, for Stone	24	14·755	1 Matron £ 60 a year. 1 Charge Nurse £ 26 ,, board and lodging. 1 Day Nurse £ 22 ,, ,, ,, 1 Night Nurse £ 22 ,, ,, ,,	Charge Nurse from 7 a.m. to 8.30 p.m. Day Nurse from 7 a.m. to 8.30 p.m. Night Nurse from 9 p.m. to 9 a.m.	Charge Nurse. 2 hours a day. 14 days' annual holiday. Day Nurse. 2 hours a day. 14 days' annual holiday. Night Nurse. 12 hours a day. 14 days' annual holiday.	Half-an hour is allowed for each meal. *No information is given as to the meal hours.*	*No information given on this point.*	Charge Nurse. 1 with 3 months. Day Nurse. 1 with 6 months. Night Nurse. 1 with 3 months. Certificates are granted after 3 years.	The Matron superintends the nursing and household arrangements, and visits each ward daily. The Matron has 14 days' annual holiday.	1 Night Nurse. She is not permanently on that duty, but is changed every 3 months.	Nil.	Nil.	1 Sister. 1 Day Nurse. 1 Night ,, Being in proportion of 1 Nurse to 7 patients by day and 1 to 14 by night.	2 Nurses sleep in one room	Nil.	Nil.	Nil.	Nil.
HOSPITALS FOR FOREIGNERS:																		
French	60	51	15 Lady Nurses undertake all the work of the Hospital, day and night; they act as nurses, wardrobe keepers, cooks, and housekeepers. They receive £ 10 a year each for their uniform, boots, linen, &c.; they are boarded entirely free.	*No information given on this point.*	*No information given on this point.*	*No information given on this point.*	The Committee of Management.	*No information given on this point.*	*No information given on this point.*	*No information given on this point.*	Nil.	Nil.	*No information given on this point.*	*No information given on this point.*	*No information given on this point.*	Nil.	Nil.	Nil.
German	125	111	1 Matron £ 40 a year. 11 Head Nurses £ 24, 10 s. a year each, board, lodging, washing, and beer. 2 Night ,, 12 s. weekly, board. 5 Male Attendants *Salaries and Allowances not given.*	Head Nurses from 6 a.m. to 6 p.m. Night Nurses from 9 p.m. to 6 a.m.	Head Nurses. Meal times only. Annual holiday of 2 weeks, and every 3 years 1 month to visit friends in Germany. Night Nurses have 1 day every month.	Head Nurses. Breakfast 7 a.m. Lunch 10 a.m. Dinner 12.30 p.m. Tea 3 p.m. Supper 7.30 p.m. Night Nurses. Breakfast 7 p.m. Ward meals. Dinner 12 noon.	By the Directors of the Institution from which they are obtained.	Head Nurses. 1 with 38 years. 1 ,, 20 ,, 2 ,, 10 ,, 1 ,, 14 ,, 1 ,, 8 ,, 1 ,, 7 ,, 1 ,, 2 ,, 1 ,, 1 year. 1 ,, 3 weeks. 1 ,, 2 days. Night Nurses. 1 with 4 years. 1 ,, 2 ,, Certificates are not granted.	The Matron superintends the nursing and domestic arrangements of the Hospital. She visits every ward daily. She has an annual holiday of 1 month.	There are 2 Nurses who are permanently on night duty.	Nil.	Nil.	11 Head Nurses. 2 Night ,, 5 Male Attendants. The proportion of Nurses to patients is, by day, 1 to 8; by night, 1 to 40.	One wing of the residential building, containing 5 rooms, is set apart for the sleeping accommodation of the Nurses.	No pension fund is necessary, as the Darmstadt Institution, from which the Nurses come, provide for them when unfit for duty, either by age or infirmity. There is, however, a small accumulative fund amounting to £404, to provide for the Matron and one Sister, who do not belong to the Darmstadt Institution.	Nil.	Nil.	Nil.
Italian	18	12	A Sister Superior of the Sisterhood of St. Vincent de Paul. 5 Sisters of the same Order, £. 10 a year, board and lodging.	*No information given on this point.*	*No information given on this point.*	Sisters. Breakfast 7.30 a.m. Dinner 11.30 a.m. Supper 6 p.m.	Sister Superior.	*No information given on this point.*	*No information given on this point.*	*No information given on this point.*	Nil.	Nil.	5 Sisters. *No information given as to the proportion of Nurses to patients by day or night.*	*No information given on this point.*	Nil.	Nil.	Nil.	Nil.
The Lock	Female 140 Male 20	Female 100 Male 14	1 Matron £ 60 a year, board and lodging. 3 Head Nurses 4 Nurses 1 Male Attendant at Male Hospital *Salaries and allowances not given.*	Head Nurses from 7 a.m. to 8 p.m. Nurses from 7 a.m. to 8 p.m.	Only at meal times. Both grades of Nurses have an annual holiday of a fortnight.	Head Nurses & Nurses. Breakfast 8 to 9 a.m. Dinner 1 to 2 p.m. Tea 4.30 to 5 p.m. Supper 8.30 p.m.	The Matron, subject to the approval of the Ladies' Committee.	Head Nurses. 1 with 4 years. 1 ,, 3½ ,, 1 ,, 1 year. Nurses. 1 with 1½ year. 3 ,, 1 ,, Certificates are not granted.	The Matron is in charge of the nursing and housekeeping. She visits every ward daily. She has an annual holiday of 1 month.	No regular night nursing. Should there be a serious case requiring nursing at night, a Night Nurse is obtained.	Nil.	Nil.	3 Head Nurses. 4 Nurses. 1 Male Attendant. *No information given as to the proportion of Nurses to patients by day or night.*	Each Nurse has a separate bedroom.	Nil.	Nil.	Nil.	Nil.
LYING-IN HOSPITALS:																		
British	14	9	1 Matron £ 44 a year, £. 2. 2 s. on each Midwifery pupil, and £ 2. 12 s 6 d. on each Nursing pupil trained. 1 Night Superintendent £ 20 a year. 5 Probationer Nurses pay £. 3. 3 s. for a month's course. 4 Midwifery Pupils pay £ 10. 10 s. for a 3 months' course.	*No information given.*	*No information given.*	*No information given.*	*No information given.*	*No information given.*	The Matron has the entire charge of the Hospital, and she visits every ward four times a day. She has an annual holiday of a fortnight.	The Night Superintendent takes charge of the wards during the night, but the Matron is always called in urgent cases.	Nil.	Nil.	*Not applicable to this Hospital.*	*No information given.*	Nil.	Nil.	Nil.	Nil.

L.—Special Hospitals in the Metropolis.—II. Notes on Nursing—*continued.*

NAME.	Number of Beds in Use.	Average Number of Occupied Beds.	Number of Nursing Staff and their Salaries.	Hours on Duty.	Hours off Duty and Annual Holiday.	Meal Hours.	By whom the Nursing Staff are Appointed and Dismissed.	Length of Service of Nurses and Probationers, and Number under each Year. When Certificates are granted.	The Matron and her Assistants; their Duties and Annual Holidays.	Night Nursing	Ordinary Probationers.	Special Probationers.	Total Number of Nursing Staff and Proportion of Nurses to Patients.	Sleeping Accommodation.	Pensions.	PRIVATE NURSING INSTITUTION. Number of Nurses.	Wages.	Charge to Public.	Length of Training required.
LYING-IN HOSPITALS—*continued.*																			
T OF LONDON	34	20·6	1 Matron, £80 a year. Fees for training Midwives and Monthly Nurses average £100. 1 Night Superintendent, £28 a year 1 Head Nurse, £30 ,, 1 Resident Midwife for Out-door patients, £30 ,, *Allowances not given.* 8 Midwifery Pupils pay £21 for a 3 months' course. 10 Probationer Nurses pay £7. 7 *s.* for a 6 weeks' course.	Irregular.	Irregular.	NURSES AND PUPILS. Breakfast 8 a.m. Dinner 1 p.m. Tea 4.30 p.m. Supper 8.30 p.m.	The Committee.	1 Head Nurse, with 4 years' service. Certificates of training are given to pupils after completion of course.	The Matron is in charge of the wards and the housekeeping. She is a trained midwife. The pupils are put on night duty the last week of their training.	The Night Superintendent has charge of the wards by night. The pupils are put on night duty the last week of their training.	*Nil.*	*Nil.*	*Not applicable to this Hospital.*	The Head Nurse, Night Superintendent, and Resident Midwife for out-patients have separate rooms.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
RAL	24	18	1 Matron, £75 a year. 1 Head Midwife, £50 ,, 12 Day Nurses, *Salaries and allowances not given.* 3 Night ,, 6 Midwifery Pupils pay £26. 5 *s.* for a 3 months' course. 14 Probationer Nurses pay £10. 10 *s.* for a 2 months' course.	Day Nurses from 8.45 a.m. to 8.45 p.m. Night Nurses from 8.45 p.m. to 8.45 a.m.	*No information given.*	DAY NURSES. Breakfast 8 a.m. Dinner 1 p.m. Tea 4.30 p.m. Supper 8.30 p.m. NIGHT NURSES. Breakfast 9 p.m. Ward meal 2 a.m. Dinner 9 a.m. Lunch 12 noon.	*No information given.*	*No information given.*	The Matron supervises the work in the ward and the housekeeping. The Head Midwife has charge of the Labour Ward, and instructs the midwifery pupils. They each have an annual holiday of 1 month.	There are 3 Night Nurses, who are on duty for 1 month.	*Nil.*	*Nil.*	*Not applicable to this Hospital.*	*No information given.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
CHARLOTTE'S	58	36	1 Matron, £120 a year, board and lodging. 1 Night Superintendent, £30 ,, ,, 3 Sisters, 2 at £30 to £40, board, lodging, and washing. 1 at £25 to £30, board, lodging, and washing. 42 Midwifery pupils were trained in 1890. They paid £26. 5 *s.* for a 13 weeks' course. 124 Nurses were trained in 1890. They paid £15 for a 12 weeks' course, and £11. 0 *s.* 6 *d.* for an 8 weeks' course.	Sisters from 9 a.m. to 9 p.m. Pupil Nurses. Day, from 7 a.m. to 9 p.m. Night, from 9 p.m. to 9 a.m.	SISTERS. From 6 p.m. to 10.30 p.m. every other evening and every other Sunday, with an annual holiday of 3 weeks.	SISTERS. Breakfast 8 a.m. Lunch 10 a.m. Dinner 1 p.m. Tea 4 p.m. Supper 9 p.m. PUPIL NURSES ON DAY DUTY. Breakfast 7 a.m. Lunch 10 a.m. Dinner 1 p.m. Tea 4 p.m. Supper 8.30 p.m. PUPIL NURSES ON NIGHT DUTY. Breakfast 8.30 p.m. Ward meals. Dinner 10 a.m. Nurses dine with their patients for the first four days after delivery.	The Committee.	SISTERS. 1 with 6½ years. 1 ,, 2 ,, 1 ,, 1 year. The Midwifery Pupils and Nurses are granted certificates after completion of their courses of training.	The Matron has charge of the nursing and domestic arrangements of the Hospital. She visits every ward daily. The Night Superintendent has the general supervision of the nursing throughout the night. They each have an annual holiday of 3 weeks.	The Nurses are only on night duty during the last two weeks of their training.	*Nil.*	*Nil.*	*Not applicable to this Hospital.*	The Sisters each have a bed-sitting-room. The Pupil Nurses sleep 3 in a room, and when on duty in the ward with their patients.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
SPITALS FOR PARALYSIS AND EPILEPSY																			
AL FOR EPILEPSY PARALYSIS, PORT-TERRACE.	25	18·4	1 Matron, £66. 10 *s.* a year, board and lodging. 1 Day Nurse, £20 a year, board, lodging, and uniform. 1 Night Nurse, 2 Probationers, 1 at £10 a year, board, lodging, and uniform. 1 at £14 a year, board, lodging, and uniform.	Day Nurse from 7.30 a.m. to 9 p.m. Probationers from 7.30 a.m. to 8.30 p.m. Night Nurse from 9 p.m. to 8 a.m.	DAY NURSE. One evening a week from 6 p.m.; half a day once a fortnight. 3 weeks' annual holiday. NIGHT NURSES AND PROBATIONERS. Have each an annual holiday of 2 weeks.	DAY NURSE AND PROBATIONERS. Breakfast 7.15 a.m. Lunch 11 a.m. Dinner 1.15 p.m. Tea 4 p.m. Supper 8.30 p.m. NIGHT NURSE. Breakfast 8.30 p.m. Ward meal. Dinner 9 a.m.	By the Matron, with the approval of the Committee.	NURSES. 1 with 4 years. 1 ,, 2½ ,, PROBATIONERS. 1 under 1 year. 1 ,, 2 years. Nurses are granted certificates after 2 years' training.	The Matron has charge of the nursing and housekeeping arrangements of the Hospital. She visits every ward several times a day, and at night. She has an annual holiday of 4 weeks.	The Night Nurse is permanently on this duty.	Are promoted to be Nurses after 2 years' training. They are eligible for night duty after 1 year's training.	*Nil.*	4 Nurses and Probationers. The proportion of Nurses to patients is— By day, 1 to 3. By night, 1 to 7.	The Nurses have each a bedroom. The Probationers share a room.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
L	170	140	1 Matron, £100 a year, board and lodging. 3 Sisters, £35 to £50 a year, board and lodging. 1 Night Sister, £35 to £50 a year, board and lodging. 10 Staff Nurses, £25 to £42 a year, board and lodging. 14 Assistant Nurses, £16 to £30 a year, board and lodging. 13 Probationers, £10 to £12 a year, board and lodging. 1 Probationer (special) pays £1. 1 *s.* a week for board and lodging.	Staff Nurses from 7.30 a.m. to 9 p.m. Assistant Nurses and Probationers on day duty from 7 a.m. to 9 p.m. Assistant Nurses and Probationers on night duty from 9 p.m. to 8 a.m.	STAFF NURSES. From 5 to 9.30 p.m. twice a week. From 2 to 9.30 p.m. and 2 to 5 p.m. on alternate Saturdays. ASSISTANT NURSES. 2 hours between 10 and 6 three days a week. From 6 to 9 p.m. and 2 to 9.30 p.m. fortnightly on alternate weeks. NIGHT NURSES. 2 hours daily, from 2 to 5 p.m. every Saturday and Sunday, and one night off each month. PROBATIONERS. 2 hours daily, half a day fortnightly, or a whole day monthly. They all have an annual holiday of a fortnight.	STAFF NURSES. Breakfast 7.15 a.m. Dinner 1 p.m. Tea 4.30 p.m. Supper 9 p.m. ASSISTANT NURSES AND PROBATIONERS ON DAY DUTY. Breakfast 6.45 a.m. Lunch in ward kitchen. Dinner 12 noon. Tea 4.30 p.m. Supper 9 p.m. NURSES & PROBATIONERS ON NIGHT DUTY. Breakfast 8.30 p.m. Dinner 10 a.m.	By the Board of Directors, on the recommendation of the Lady Superintendent.	STAFF NURSES. 1 with 9 years. 1 ,, 5 ,, 1 ,, 3 ,, 1 ,, 2½ ,, 1 ,, 2 ,, 1 ,, 1½ year. 1 ,, 1¼ ,, 1 ,, 6 months. 1 ,, 3 ,, ASSISTANT NURSES. 1 with 6 years. 1 ,, 1¾ year. 2 ,, 1 ,, 1 ,, 8 months. 3 ,, 6 ,, 2 ,, 7 ,, 3 ,, 3 ,, 1 ,, 4 ,, Certificates are granted after 2 years' training in a General Hospital.	The Lady Superintendent has charge of the nursing and housekeeping arrangements of the Hospital. She visits every ward daily. The Night Sister supervises the night nursing. There annual holidays are 3 to 4 weeks. *No information is given as to the duties of the Sisters.*	There are 9 Night Nurses, who remain on this duty for 3 months.	Are promoted to be Assistant Nurses after 2 years' training. They are put on night duty after not less than 6 months' training; generally 1 year. They are eligible to be Sisters or Staff Nurses, but only after a full course of training at a General Hospital.	Are taken for 13 weeks. There is only one now in the Hospital; two are allowed by the Board. They are only put on night duty if they have been trained elsewhere, and then only at their own request.	10 Staff Nurses. 27 Assistant Nurses and Probationers. In a ward with heavy Paralytic cases, 1 Nurse to 3 or 4 beds. In male Epileptic ward, 1 Male Nurse to 16 beds.	The Sisters have single bedrooms away from the wards. The Staff Nurses, as a rule, have single bedrooms also. The Assistant Nurses have 2 cubicles in 1 room. The Probationers have 2 to 4 cubicles in 1 room.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*

L.—Special Hospitals in the Metropolis—II Notes on Nursing—*continued.*

NAME.	Number of Beds in Use.	Average Number of Occupied Beds.	Number of Nursing Staff and their Salaries.	Hours on Duty.	Hours off Duty and Annual Holiday.	Meal Hours.	By whom the Nursing Staff are Appointed and Dismissed.	Length of Service of Nurses and Probationers, and Number under each Year When Certificates are granted.	The Matron and her Assistants; their Duties and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	Total Number of Nursing Staff and Proportion of Nurses to Patients.	Sleeping Accommodation.	Pensions.	PRIVATE NURSING INSTITUTION. Number of Nurses.	Wages.	Charge to Public.
HOSPITALS FOR PARALYSIS AND EPILEPSY—*continued.*																		
NATIONAL, FOR HEART	22	22	1 Matron - - - £60 a year, board and lodging. 2 Day Nurses - - - - *No information given as to the salaries or allowances.* 1 Night Nurse - - - -	Day Nurses from 8 a.m. to 8 p.m. Night Nurses from 8 p.m. to 8 a.m.	DAY NURSES. 1 hour off daily. Nurses have an annual holiday of one fortnight.	DAY NURSES. Breakfast 8 a.m. Lunch 11 a.m. Dinner 1 p.m. Tea 4.30 p.m. Supper 7 p.m.	*No information given on this point.*	NURSES. 1 with 3 years. 1 „ 2 „ 1 just appointed. Certificates are not granted.	The Matron has charge of the nursing and housekeeping arrangements of the Hospital. She visits every ward daily. She has an annual holiday of 3 weeks.	Only 1 night nurse.	*Nil.*	*Nil.*	There are only 3 Nurses. Proportion of Nurses to patients is, by day, 1 to 11; by night, 1 to 22.	*No information given on this point.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
WEST END - - -	No Beds.	No Beds.	1 Matron - - - £50 a year, board and lodging.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
OPHTHALMIC HOSPITALS:																		
CENTRAL LONDON -	7	5·5	1 Matron - - - - £30 a year, board, lodging, and uniform. 2 Probationers - - - No salary, board, lodging, and uniform.	*Nil.*	*Nil.*	PROBATIONERS. Breakfast 8 a.m. Dinner 12.30 p.m. Tea 4 p.m. Supper 9 p.m.	The Committee.	The Probationers are both under 1 year's service.	The Matron has to perform the duties of Sister, Night Superintendent if required, and Housekeeper. The length of her annual holiday is at the discretion of the Committee.	Only 1 Probationer on night duty, who reverts to day duty after 3 weeks.	The 2 Probationers, under the supervision of the Matron, do the whole of the nursing of the Hospital.	*Nil.*	1 Matron and 1 Probationer by day, and 1 Probationer by night.	The Probationers sleep in one room.	*Nil.*	*Nil.*	*Nil.*	*Nil.*
ROYAL LONDON - -	100	80	1 Matron - - - £70 a year, board and lodging. 3 Sisters - - - £28 a year each } board, lodging, 4 Day Nurses - - £20 „ „ } uniform, wash 2 Night „ - - £20 „ „ } ing, and beer.	Sisters from 8 a.m. to 9.30 p.m. Day Nurses from 7 a.m. to 9.30 p.m. Night Nurses from 9.30 p.m. to 9 a.m.	SISTERS AND NURSES. 4 hours on alternate days, and from 2 to 9.30 p.m. once a week. An annual holiday of 3 weeks.	NURSES AND DAY NURSES. Breakfast 8 a.m. Lunch 11.30 a.m. Dinner 2 p.m. Tea 6 p.m. Supper 8 to 9.30 p.m. NIGHT NURSES. Breakfast 9 p.m. 2 ward meals. Dinner 9.30 a.m.	The Matron; but on any dismissal written reasons must be given to the Committee.	SISTERS. 1 with 6½ years. 1 „ 6 „ 1 „ 4 „ NURSES. 1 with 2 years. 5 under 1 year. All are trained at some General Hospital.	The Matron has charge of the nursing and domestic arrangements of the Hospital. She visits every ward daily. She is allowed one month for her annual holiday.	There are 2 nurses on night duty. They revert to day duty after 6 weeks.	*Nil.*	*Nil.*	*No information given on this point.*	1 Sister has a sitting-room and bedroom. 2 Sisters share one room. *No information as to sleeping accommodation of Nurses.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
ROYAL SOUTH LONDON	No Beds.	No Beds.	1 Matron - - - - £40 a year, board, lodging, and £15. 12s. for servant.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
ROYAL WESTMINSTER	30	26	1 Matron - - - £60 a year, board and lodging. 2 Day Nurses - - £20, 10s. a year each } board, lodg- 1 Night Nurse - - £20 „ „ } ing, uni- 1 Probationer - - £12 „ „ } form, and washing.	Day Nurses from 7.15 a.m. to 9 p.m. Night Nurses from 9 p.m. to 9 a.m.	DAY NURSES. 2 hours on week days and 4 hours on Sundays. 1 day every month. NIGHT NURSES. 3 hours on week days and 4 hours on Sundays. 1 night in every month. They have an annual holiday of 3 weeks each.	DAY NURSES AND PROBATIONERS. Breakfast 6.40 and 7.15 a.m. Lunch 0.30 a.m. Dinner 1 p.m. Tea 4.30 p.m. Supper 8.30 p.m. NIGHT NURSE. Breakfast 8.30 p.m. Ward meal 2 a.m. Dinner 9.30 a.m.	*No information is given on this point.*	DAY NURSES. 1 with 1¼ years. 1 „ 9 months. The Night Nurse has 1½ years' service. The Probationer has less than 1 year's service. Certificates are not granted.	The Matron has charge of the nursing and domestic arrangements of the Hospital. She visits every ward daily. She has an annual holiday of 1 month.	One permanent night nurse.	*No information is given on this point.*	*Nil.*	4 Nurses and Probationers. The proportion of nurses to patients is, by day, 1 to 10; by night, 1 to 30.	The Night Nurse has a separate bedroom; the others sleep in cubicles.	*Nil.*	*Nil.*	*Nil.*	*Nil.*
WESTERN - - -	6	*Not given.*	1 Nurse - - - - £26 lodging, 10*s.* 6*d.* a week for board, 2*s.* a week for washing, gas and coals.	*Not given.*	*Not given.*	*Not given.*	The Committee.	The Nurse has 4 years' service.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Nurse.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
ORTHOPŒDIC HOSTITALS:																		
CITY - - - -	20	19	1 Matron - - - £50 a year, board and lodging, and £1. 1*s.* Christmas gift. 4 Nurses - - - £14 to £16 a year, board, lodging, washing, and beer.	Nurses from 6 a.m. to 10 p.m.	One evening a week from 6 p.m.	Breakfast 7·30–8 a.m. Dinner 1 p.m. Tea 4 p.m. Supper 9 p.m.	The Surgeon.	The Nurses have an average service of 3 years.	The Matron is in charge of the nursing and housekeeping arrangements. She is in the wards very frequently. Perhaps she may have a week's holiday at Midsummer.	The Nurses each sleep in a ward.	*Nil.*	*Nil.*	4 Nurses.	Nurses sleep in the wards.	*Nil.*	*Nil.*	*Nil.*	*Nil.*
NATIONAL - - -	35	35	1 Matron - - - £65 a year, board and lodging 4 Sisters - - - £25 „ „ „ 4 Day Nurses - - - £9 „ „ uniform, and washing. 1 Night Nurse - - - £15 „ „ uniform, and washing.	SISTERS. *Not given.* DAY NURSES. From 7.15 a.m. to 8 p.m. NIGHT NURSE. From 9 p.m. to 10 a.m.	SISTERS. 2 hours daily. DAY NURSES. From 2 to 10 p.m. once a week, and 4 hours at least every Sunday. Sisters have an annual holiday of 4 weeks each, and nurses have one of from 2 to 3 weeks each.	SISTERS. Breakfast 7.15 a.m. Lunch 10.30 a.m. Dinner 1.15 p.m. Tea 4 p.m. Supper 8.30 p.m. DAY NURSES. Breakfast 6.45 a.m. Lunch 10.30 a.m. Dinner 1.15 p.m. Tea 5 p.m. Supper 8.30 p.m. NIGHT NURSE. Breakfast 8.30 p.m. Ward meal. Dinner 8 a.m.	The Matron, confirmed by the Committee.	SISTERS. 1 with 20 years. 1 „ 3 „ 2 just appointed. NURSES. 1 with 1½ years. 2 „ 1 year. 2 just appointed. Certificates are not granted.	The Matron has charge of the nursing and domestic arrangements of the Hospital. She visits each ward daily. She has an annual holiday of about 6 weeks.	1 permanent night nurse.	*Nil.*	*Nil.*	4 Sisters. 5 Nurses. The proportion of nurses to patients is, by day, 1 to 4·375; by night, 1 to 35.	Sisters have separate bedrooms. The nurses sleep in one room.	*Nil.*	*Nil.*	*Nil.*	*Nil.*
ROYAL - - -	50	*Not given.*	1 Matron - - - £50 a year, board and lodging. 4 Nurses - - - £20 „ „ „ £2. 12*s.* for washing, and ½ pint of beer daily.	NURSES. From 6 a.m. to 10 p.m.	10 hours off each week, and an annual holiday of 10 days.	Breakfast 7 a.m. Lunch 11 a.m. Dinner 1 p.m. Tea 4 p.m. Supper 8 p.m.	The Matron.	SISTERS. 2 with 1 year. 2 „ 9 months.	The Matron has charge of the nursing, and acts as housekeeper and storekeeper. She visits every ward daily. She has an annual holiday of 3 weeks.	*No particulars are given.*	*Nil.*	*Nil.*	4 Nurses. *No further information is given.*	*No information given on this point.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*

L.—Special Hospitals in the Metropolis.—III. Notes on Nursing.

NAME.	Number of Beds in use.	Average Number of occupied Beds.	Number of Nursing Staff and their Salaries.	Hours on Duty.	Hours of Duty and Annual Holiday.	Meal hours.	By whom the Nursing Staff are appointed and dismissed.	Length of Service of Nurses and Probationers, and number under each year. When Certificates are granted.	The Matron and her Assistants; their Duties and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	Total Number of Nursing Staff, and Proportion of Nurses to Patients.	Sleeping Accommodation.	Pensions.	PRIVATE NURSING INSTITUTION. Number of Nurses.	Wages.	Charge to Public.	Length of Training required.
HOSPITAL FOR SEAMEN:																			
GREENWICH - - - -	Greenwich 238. Branch 16.	Greenwich 183. Branch 6.	1 Matron at Greenwich - - £100 a year, board and lodging. 1 „ „ Branch Hospital £40 a year, board, lodging, uniform, and washing. 4 Sisters - - - - £30 to £35 a year, board, lodging, uniform, and washing. 11 Nurses - - - - £20 to £25 a year, board, lodging, uniform, and washing. 8 Probationers - - - £12 to £18 a year, board, lodging, uniform, and washing. 3 Mission Women - - - board, lodging, and washing. 1 Male Day Nurse - - - 12s. to 15s. a week, board, lodging, and washing. 1 Male Night Nurse - - 8s. to 10s. a week, board, lodging, and washing. 2 Special Probationers - - £25 a year each.	Sisters from 9 a.m. to 9 p.m. Nurses and Probationers on day duty from 7.30 a.m. to 9 p.m. Nurses and Probationers on night duty from 9 p.m. to 9 a.m.	SISTERS. From 4 p.m. if the work of the ward allows. An annual holiday of 1 month. DAY NURSES. From 5.30 p.m. to 9 p.m. on alternate days; 1.30 to 9 p.m. on alternate Sundays; and 1.30 to 9 p.m. one day every month. NIGHT NURSES. 1 night off every month. Nurses have an annual holiday of 2 weeks. Probationers have 3 hours off daily, and an annual holiday of two weeks.	SISTERS. Breakfast 8 a.m. Dinner 2.15 p.m. Tea 6 p.m. NURSES AND PROBATIONERS ON DAY DUTY. Breakfast 7 a.m. Dinner 1 p.m. Tea 5 p.m. Supper 9 p.m. NURSES AND PROBATIONERS ON NIGHT DUTY. Breakfast 6 p.m. Dinner 10.30 a.m.	The Principal Medical Officer, who reports to the Committee.	SISTERS. 1 with 19 years. 1 „ 14 „ 2 „ 1 „ NURSES. 1 with 17 years. 1 „ 13 „ 1 „ 10 „ 1 „ 5 „ 2 „ 4 „ 1 „ 3 „ 4 „ 2 „ 3 „ 1 „ Certificates are granted after 2 years' service.	The Matrons have charge of the nursing and domestic arrangements of their Hospitals. They visit each ward daily. They have an annual holiday of 1 month.	There are 8 Nurses and Probationers on this duty. The time they remain on night duty varies from 1 to 3 months.	Are promoted to be nurses after 2 years' training. They are placed on night duty after 1 year's training. They are eligible to become Sisters of Wards when fully trained.	Are taken for 1 year. There are 2 now in the Hospital; 3 are allowed by the Committee. They are not placed on night duty. They are, when fully trained, eligible to become Sisters of Wards.	28 Sisters and Nurses. 2 Probationers. The proportion of Nurses to patients is, by day, 1 to 11; by night, 1 to 24.	Sisters have separate rooms. Nurses sleep in dormitories with 2 or 4 beds in each.	Affiliated to the Royal National Pension Fund for Nurses. The Committee pay half the premiums.	*Nil.*	*Nil.*	*Nil.*	*Nil.*
HOSPITAL FOR SKIN DISEASES:																			
QUEEN'S - - - - -	2	2	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
HOSPITAL FOR SKIN, STAMFORD-STREET.	2	2	This Hospital is almost entirely devoted to out-patients, and the very few in-patients are nursed by the Matron-Housekeeper.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
LOCK - - - - -	No Beds -	No Beds -	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
ST. JOHN'S - - - -	32	*Not given.*	1 Matron - - - - £35, rising £5 annually, board and lodging. 1 Head Nurse - - - £25 1 Day „ - - - £23 } board, lodging, uniform, and washing. 2 Probationers - - - £12 each }	Head Nurse and Probationers from 7 a.m. to 9.30 p.m. Day Nurse from 6.30 a.m. to 9 p.m.	They all have one afternoon and two evenings in the week. The Nurses have 14 days annual holiday.	They have their meals at the following hours. Breakfast { 6 a.m. / 6.45 a.m. Lunch { 10 a.m. / 10.30 a.m. Dinner 12 noon. Tea { 4 p.m. / 4.30 p.m. Supper { 8 p.m. / 8.30 p.m.	House Committee.	Day Nurse has 3 years' service. The Probationers both have less than 1 year's service.	The Matron attends to the nursing and housekeeping arrangements of the Hospital. She visits each ward daily. She has an annual holiday of 3 weeks.	No night nursing is necessary, but if required a Night Nurse would be temporarily engaged.	They can become Nurses after a year's training.	*Nil.*	4 Nurses and Probationers. The proportion of Nurses to patients is, by day, 1 to 8.	The Nurses have separate rooms. The Probationers sleep two in one room.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
WESTERN - - - - -	No Beds -	No Beds -	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
THROAT AND EAR HOSPITALS:																			
CENTRAL - - - - -	17	*No information has been sent from this Institution.*																	
HOSPITAL FOR THE THROAT, GOLDEN-SQUARE.	20	18	1 Matron - - - - £60 a year, board, lodging, and £5 in lieu of uniform. 4 Day Nurses - - { 2 at £25 a year / 2 „ £20 „ } 2 Night Nurses - - { 1 „ £20 „ / 1 „ £14 „ } *No allowances given.* 2 Probationers - - *No salaries given.*	Day Nurses from 7 a.m. to 8 p.m. Night Nurses from 8.30 p.m. to 8.30 a.m.	DAY NURSES. 2 hours on alternate days. Nurses have an annual holiday of 3 weeks.	DAY NURSES. Breakfast 6.40 a.m. Lunch 9 a.m. Dinner 12.30 p.m. Tea 4 p.m. Supper 8 p.m.	By the Matron, with appeal to the Committee.	*No information is given on this point.*	The Matron has the superintendence of the nursing and housekeeping in the Hospital. She visits each ward daily. She has an annual holiday of 3 weeks.	There are two Night Nurses, who are on this duty for a month at a time.	They are promoted to be Nurses after one year's training. They are placed on night duty after no fixed period of training.	*Nil.*	8 Nurses and Probationers. The proportion of Nurses to patients is, by day, 1 to 8; by night, 1 to 12.	*No information is given on this point.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
LONDON - - - - -	4	*No information has been sent from this Institution.*																	
METROPOLITAN - - -	No Beds -	No Beds -	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
ROYAL EAR - - - -	9	5	1 Matron - - - - £25 a year. 2 Nurses - - - - *Salaries and allowances not given.*	*No information given.*	*Hours off duty not given.* Nurses have an annual holiday of 3 weeks each.	NURSES. Breakfast 8 a.m. Dinner 1 p.m. Tea 4.30 p.m. Supper 7 p.m.	*No information is given on this point.*	*No information is given on this point.*	The Matron supervises the nursing; is constantly in the wards. She has an annual holiday of 3 weeks.	*Nil.*	*Nil.*	*Nil.*	2 Nurses.	*No information is given on this point.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
HOSPITALS FOR WOMEN AND CHILDREN:																			
CHESTER - - - -	18	10	1 Matron - - - - £50 a year, board and lodging. 3 Nurses - - - - £16 to £20 a year, board and lodging. 1 Probationer - - - £12 a year, board and lodging.	Day Nurses and Probationers from 7 a.m. to 9 p.m. Night Nurse from 9 p.m. to 9 a.m.	DAY NURSES. 3 hours on 3 days a week, and half a day once a month. Nurses have an annual holiday of 1 month.	DAY NURSES AND PROBATIONER. Breakfast 8.15 a.m. Lunch 10.30 a.m. Dinner 1 p.m. Tea 4.30 p.m. Supper 9 p.m.	The Committee.	DAY NURSES. 1 with 8 years. 1 „ 5 „ 1 „ 1 month. The Probationer has less than 1 year's service.	The Matron supervises the nursing and housekeeping arrangements of the Hospital. She visits the wards daily. She has an annual holiday of 6 weeks.	One Night Nurse only. She is on this duty for 1 month at a time.	They are promoted to be Nurses after 1 or 2 years' training. They are placed on night duty after 8 months' training.	*Nil.*	4 Nurses and Probationers.	*No information is given on this point.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
ROYAL - - - - -	50	50	1 Matron - - - - £60 a year, board and lodging. 4 Day Nurses - - - £16 to £23 a year } board, lodging, uniform, and washing. 3 Night Nurses - - - £18 to £25 „ 3 Probationers - - - *Nil.*	Nurses and Probationers on day duty from 7.30 a.m. to 9 p.m. Nurses and Probationers on night duty from 9 p.m. to 8.48 a.m.	DAY NURSES. 3 hours on 2 days, and 5 hours on 1 day in each week; 4 hours on Sundays, and one half a day each month. PROBATIONERS. 2 hours daily, and one half a day once a month. Nurses have an annual holiday of 3 weeks.	DAY NURSES. Breakfast 7 a.m. Dinner 12.30 to 1 p.m. Tea 4.30 p.m. Supper 8 to 8.30 p.m. NIGHT NURSES. Breakfast 8.30 p.m. Ward Meal. Dinner 8.45 a.m. PROBATIONERS. Breakfast 7.30 a.m. Dinner 1 to 1.30 p.m. Tea 5 p.m. Supper 8.30 p.m.	The Matron, subject to confirmation by the House Committee.	*No information given on this point.*	The Matron has charge of the nursing and domestic arrangements of the Hospital. She visits the wards frequently and has an annual holiday of 1 month.	The 3 Nurses on night duty revert to day duty after a month.	They are promoted to be Nurses after 1 year or 15 months' training. They are placed on night duty after 3 months' training.	*Nil.*	11 Nurses and Probationers. The proportion of Nurses to patients is, by day, 1 to 6·5; by night 1 to 17.	Nurses and Probationers sleep in cubicles.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
ST. MARTIN FREE - - -	53	50	1 Matron - - - - £80 a year, board and lodging. 14 Nurses - - - - *No information as to their salaries or allowances.*	*No information is given on this point.*	*No information is given on this point.*	NURSES. Breakfast 8 a.m. Dinner 12 noon. Tea 4 p.m. Supper 8 p.m.	*No information is given on this point.*	NURSES. 1 with 17 years. 1 „ 14 „ 1 „ 10 „ 1 „ 8 „ 2 „ 6 „ 2 „ 2 „ 3 „ 1 „ 2 with shorter periods. *No information is given as to granting certificates.*	The Matron supervises the nursing and domestic arrangements of the Hospital. She visits each ward daily. She has an annual holiday of 6 weeks.	Night nursing only occasionally required.	*Nil.*	*Nil.*	*No information is given on this point.*	*No information is given on this point.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*

L.—Special Hospitals in the Metropolis.—III. Notes on Nursing—*continued.*

NAME.	Number of Beds in use.	Average Number of occupied Beds.	Number of Nursing Staff and their Salaries.	Hours on Duty.	Hours of Duty and Annual Holiday.	Meal hours.	By whom the Nursing Staff are appointed and dismissed.	Length of Service of Nurses and Probationers, and number under each year. When Certificates are granted.	The Matron and her Assistants; their Duties and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	Total Number of Nursing Staff, and Proportion of Nurses to Patients.	Sleeping Accommodation.	Pensions.	PRIVATE NURSING INSTITUTION.			
																Number of Nurses.	Wages.	Charge to Public.	Details of Training.
HOSPITALS FOR WOMEN:																			
CHELSEA	60	34	1 Matron, £60 a year, board and lodging. 3 Charge Nurses, £25 „ uniform, washing, and beer if ordered by a doctor. 12 Probationers, £10 to £14 a year, board, lodging, uniform, washing, and beer if ordered by a doctor.	Charge Nurses from 7.30 a.m. to 9 p.m. Probationers on day duty from 7.30 a.m. to 9 p.m. Probationers on night duty from 9 p.m. to 9 a.m.	CHARGE NURSES. From 5 to 7 p.m. daily; Sundays 9.30 to 2.30, p.m., or 2.30 to 10 p.m., and 1 day a month. PROBATIONERS ON DAY DUTY. From 10 to 12 noon, or 2 to 4 p.m. daily. PROBATIONERS ON NIGHT DUTY. 1 night off a month. Annual holidays, Charge Nurses 3 weeks. Probationers 15 days.	CHARGE NURSES AND PROBATIONERS ON DAY DUTY. Breakfast 7 a.m. Dinner 12 or 12.30 p.m. Tea 4 or 4.30 p.m. Supper 9 p.m. PROBATIONERS ON NIGHT DUTY. Breakfast 8.30 p.m. Ward meal. Dinner 9 a.m.	The Senior Physician and Matron, who report monthly to the Board of Management.	CHARGE NURSES. 1 with 5½ years. 1 „ 2½ „ 1 „ 1½ „ PROBATIONERS. 5 under 1 year's service. 7 „ 2 „ „ *No information is given as to granting certificate.*	The Matron has charge of the nursing and domestic arrangements of the Hospital. She visits every ward daily. She has an annual holiday of 1 month.	There are regularly 2 of the Senior Probationers on night duty; sometimes 3, 4, or 5, according to the gravity of the cases. Those regularly employed remain on duty at night for 4 months.	They are promoted to be Nurses after 2 years' training if there is a vacancy. They are placed on night duty after 10 or 12 months' training.	*Nil.*	15 Nurses and Probationers. There are 3 floors: 1 with 21 beds. 1 „ 20 „ 1 „ 19 „ 1 Charge Nurse and 2 Probationers to each floor by day; 2 Nurses for night duty, leaving 4 Nurses for special cases for day or night.	3 sleep in cubicles; the others 2, 3, and 4, in a room.	*Nil.*	*Nil.*	*Nil.*	*Nil.*		
HOSPITAL FOR WOMEN, SOHO-SQUARE.	66	50	1 Matron, £80 a year, board, lodging, and washing. 1 Night Superintendent, £35 a year, riding £5 annually to 3 Sisters, £30 a year, board, lodging, and washing. 3 Staff Nurses, £20 a year 1 Special Operation Nurse, £35 „ 1 Out-patient Nurse, £35 „ board, lodging, washing, and part uniform. 10 Probationers, 1st year, £10 „ „ 2nd „, £14 „ 2 Special Probationers pay £1. 1s. a week.	Sisters from 8.30 a.m. to 8.30 p.m. Staff Nurses from 7 a.m. to 8.30 p.m. The Special Operation Nurse takes entire charge of her patient night and day. The Out-patient Nurse from 8.30 a.m. to 5 p.m. Probationers on day duty same hours as Staff Nurses. Probationers on night duty from 8.30 p.m. to 8.30 a.m.	SISTERS. 3 hours daily, and from Saturday afternoon to Monday morning every 5 weeks. STAFF NURSES. 3 hours daily, and 1 day and night every month. The Special Operation Nurse has 2 days' entire rest between cases. PROBATIONERS. 2½ hours daily. ANNUAL HOLIDAYS. Sisters 1 month. Staff Nurses 16 days. Probationers 16 days.	SISTERS. Breakfast 8 a.m. Dinner 6 p.m. Tea 4 p.m. Supper 9 p.m. STAFF NURSES AND PROBATIONERS ON DAY DUTY. Breakfast 6.30 a.m. Lunch 9.30 a.m. Dinner 1.15 p.m. Tea 4 p.m. Supper 8.30 p.m. PROBATIONERS ON NIGHT DUTY. Breakfast 8 p.m. Ward meal 1 a.m. Dinner 9 a.m.	By the Matron.	SISTERS. 1 with 16 month. 1 „ 15 „ 1 „ 6 „ STAFF NURSES. 1 with 3½ years. 1 „ 2½ „ 1 „ 2¼ „ Certificates are granted after 2 years' training.	The Matron looks after the various nursing duties. She visits each ward twice a day. She has an annual holiday of 1 month. The Night Superintendent has charge of the nursing at night. She is allowed leave of absence from Saturday to Monday morning every 5 weeks, and an annual holiday of 1 month.	The Night Superintendent and 3 Probationers nurse the patients by night. The Probationers remain on night duty for 6 months.	They are promoted to be Nurses after 2 years' training. They are placed on night duty when the Matron considers them capable to perform that work. They are not eligible to become Sisters of Wards.	Are taken for 3 months. There are 2 Special Probationers now in the Hospital. They are not employed on night duty except quite occasionally for special operations. They might be made Sisters, but only after full training at a General Hospital.	3 Sisters, 3 Staff Nurses, and 12 Probationers. BY DAY. 1 Sister, 1 Staff Nurse, 2 Ordinary and 1 Special Probationer to each of 2 floors, with 23 beds in each. 1 Sister, 1 Staff Nurse, and 2 Ordinary Probationers to a floor with 16 beds. BY NIGHT. 1 Probationer to each floor, working under the Night Superintendent.	3 sleep in cubicles; the others 2, 3, and 4, in a room.	*No information given on this point.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	
NEW	1890, 26; now 42.	1890, 18.	The Matron, who acts as Secretary and House Governor, £100 a year, board, lodging, and washing. 1 Assistant-Matron, who acts as Assistant Secretary, £40 a year, board, lodging, and washing. 2 Sisters, £30 to 35 a year 3 Nurses, £20 to 28 „ board, lodging, uniform, and 2s. for washing. 1 Ordinary Probationer, *Nil.* 1 Special Probationer pays £30 a year.	Sisters from 7.30 to 9 p.m. Nurses and Probationers on day duty from 7.30 to 8.30 p.m. Night Nurses from 9 p.m. to 9 a.m.	SISTERS. 2 hours on 4 days a week, 4 hours on 3 days a week; 1 day a month. NURSES AND PROBATIONERS ON DAY DUTY. 2 hours on 6 days a week, 4 hours on 2 days a week; 1 day a month. All have an annual holiday of 3 weeks.	SISTERS, NURSES, AND PROBATIONERS ON DAY DUTY. Breakfast { 7 a.m. / 7.30 a.m. Lunch 9 a.m. Dinner 12 noon. Tea 4.30 p.m. Supper { 8.30 p.m. / 9 p.m. NIGHT NURSES. Breakfast 8.30 p.m. Ward meal. Dinner 9.30 a.m.	By Matron under supervision of the House Committee.	NURSES. 1 with 2½ years. 4 „ 1 year. The Probationer under 2 years' service. Nurses are certificated when engaged.	The Matron attends to the nursing and acts as Secretary and House Governor. She visits every ward daily. She has an annual holiday of 1 month. The Assistant Matron acts also as Assistant Secretary. She has an annual holiday of 3 weeks.	There are 2 Night Nurses, who revert to day duty after 3 months' night work.	They can be promoted to be Nurses after 1 year's training. They are placed on night duty, if necessary, after 6 months' training. They can become Sisters of Wards.	Are taken for 6 or 12 months. There is only 1 in the Hospital. She is placed on night duty.	2 Sisters, 5 Nurses, 1 Ordinary and 1 Special Probationer. The proportion of Nurses to patients is, by day, 1 to 7; by night, 1 to 21.	Sisters and Nurses have each a separate room. The Probationers share a room.	*Nil.*	*Nil.*	*Nil.*	*Nil.*		
MISCELLANEOUS HOSPITALS:																			
POPLAR, FOR ACCIDENTS	4	36	1 Matron, £80 a year, board and lodging. 6 Nurses, £22 to £26 1 „ Out-patients, a year. 1 Probationer, £10 „	Nurses and Probationer on day duty from 7.30 a.m. to 9 p.m. Night Nurses from 9 p.m. to 9 a.m.	DAY NURSES. 2 hours every other day, half a day once a month, and 1 Sunday in a month. PROBATIONER. 2 hours daily. Nurses and Probationer have an annual holiday of 3 weeks.	DAY NURSES AND PROBATIONER. Breakfast 7.30 a.m. Dinner 1 p.m. Tea 4 p.m. Supper 9 p.m. NIGHT NURSES. Breakfast 8.30 p.m. Ward meals 12 and 4 a.m. Dinner 9.30 a.m.	*No information is given on this point.*	DAY NURSES. Under 1 year's service. NIGHT NURSES. 1 with 3 years. Tea 4 p.m. 2 „ 6 months. The Probationer has less than 1 year's service. *No information is given as to the granting of certificates.*	The Matron acts as Head Nurse. She supervises the housekeeping. She visits every ward daily. *No information as to the length of her annual holiday.*	There are 3 Night Nurses, who remain on night duty permanently.	They can be promoted to be Nurses after 1 year's training. They are not placed on night duty.	*Nil.*	*No information is given on this point.*	*No information is given on this point.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*		
BOLINGBROKE HOUSE	23	*No information has been sent from this Institution.*																	
ESTABLISHMENT FOR GENTLEWOMEN.	25	*No information has been sent from this Institution.*																	
HAMPSTEAD HOME	1890 20 now 30.	1890 10·1	1 Matron, £60 a year, board and lodging. 2 Sisters, £30 a year 4 Nurses, £12 „ board, lodging, uniform, and washing. 9 Probationers, *Nil.*	Sisters from 8.30 a.m. to 9 p.m. Nurses and Probationers on day duty from 8 a.m. to 5 p.m. Night Nurses from 9 p.m. to 9 a.m.	SISTERS. 3 hours daily. DAY NURSES. 2½ hours daily. PROBATIONERS. 2 hours daily. They all have an annual holiday of 6 weeks.	SISTERS, DAY NURSES, AND PROBATIONERS. Breakfast { 7.30 a.m. / 8 a.m. Lunch 10.30 a.m. Dinner 1.30 p.m. Tea 6 p.m. Supper 9 p.m. NIGHT NURSES. Breakfast 8 p.m. Ward meal. Dinner 8 a.m.	The Matron, subject to the approval of the Council.	SISTERS. 1 with 2 years. 1 „ 1 year. NURSES. 3 with 4 years. 1 „ 1½ years. PROBATIONERS. 6 under 1 year. 3 „ 2 years. Certificates are granted after 2 years' service.	The Matron supervises the nursing and domestic arrangements of the Hospital. She visits every ward daily. She has an annual holiday of 6 weeks.	There are 2 Night Nurses, who remain on night duty for 2 months.	They can be promoted to be Nurses after 2 years' training. They are put on night duty at various periods of their training. They may become Sisters.	*Nil.*	2 Sisters, 4 Nurses, and 9 Probationers. *No further information is given.*	All have either separate rooms or cubicles.	Under consideration.	20	£27 a year, uniform and washing. No bonus.	£1 11s. 6d. a week.	12	
LADY GOMM	4	3	Services are all voluntary. The nursing and other work of the Hospital is performed by the Sisters of the Church Extension Association.	*No information is given on these particulars.*															
ST. JOHN'S AND ST. ELIZABETH	50	44·672	This Hospital is under a Community of Sisters of Mercy. A lay Night Nurse used to be employed, with a salary of £30 a year, but now this duty is also undertaken by the Community.	*No information is given on these particulars.*															
WEST HAM	*Nil.*	*Nil.*	1 Matron, £60 a year, board and lodging. 4 Nurses, £24 „ 2 Probationers, *Salaries and allowances not given.*	This Hospital has only very recently been established. The Dispensary was instituted in 1861. A form for a Dispensary was sent to be filled up instead of that for a Hospital.															

M.—Special Hospitals in the Metropolis.—I. Notes on the Honorary, Resident and Non-Resident Medical Staff, Officials, Servants, Pensions, Rates, Sanitary Inspection, and Fire Precautions.

NAME.	HONORARY MEDICAL STAFF. Number of Beds in charge of each.	HONORARY MEDICAL STAFF. Amount of Honoraria.	RESIDENT MEDICAL OFFICERS. Number in Residence.	RESIDENT MEDICAL OFFICERS. Salaries.	RESIDENT MEDICAL OFFICERS. Board and Allowances.	NON-RESIDENT MEDICAL OFFICERS. Number of, and Salaries.	OFFICIALS. Post held.	OFFICIALS. Salaries and Allowances.	SERVANTS. Number of.	SERVANTS. Salaries and Allowances.	PENSIONS. Officials and Servants.	RATES. Assessment.	RATES. Annual Payment.	Sanitary Inspection.	Fire Precautions.
CANCER HOSPITALS:															
BROMPTON	1 Senior Surgeon with 24 beds 1 „ „ 24 „ 1 „ „ 23 „ 5 Surgeons 1 „ „ 15 „ 1 „ „ 10 „ 1 „ „ 8 „	The Senior Surgeon £197, 10s. a year; the two next senior £105 each. All get £10. 10s. for travelling expenses. The salaries of the 3 Seniors will cease in 1893.	2 House Surgeons	1 at £60 a year. 1 at £50 „	Board free; alcohol and washing provided.	2 Anæsthetists 1 at £52. 10s. a year 1 at £26. 5s. „	1 Chaplain £100 a year 1 Secretary £350 „ luncheon 2 „ Clerks £233 „ „ Total, £705.		1 Dispenser £100 a year, dinner and beer 1 „ Porter £52 „ „ 2 Porters 1 at £30 „ board, lodging, uniform, and beer 1 at £26 „ „ „ „ 1 Cook £38 „ board, lodging, and beer 2 Kitchen Maids 1 at £16 „ „ „ „ 1 at £14 „ „ „ „ 1 Scullery „ £14 „ „ „ „ 6 Ward „ £88 „ „ „ „ 2 House „ £34 „ „ „ „ Total, £412.	No system of pensions. 52 guineas a year are given to a former Surgeon of the Hospital.	£850	£221	An inspection is made twice a week. When necessary the Architect is called in. The Secretary is responsible for the sanitary condition of the Hospital.	An extincteur and fire hose upon each floor, which are examined quarterly by a fireman, and in the exercise of which the Porters are trained.
ST. SAVIOUR'S	1 Physician with 17 beds 1 „ Assistant „ no „	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Chaplain £100 a year, non-resident 1 Secretary Honorary, partial board		1 Dispenser, who is a Nurse 1 Porter £39, 7s. board 1 „ £20. 16s. „ 1 Housekeeper £20, board, lodging, and uniform 1 Cook £12 „ „ „ 1 Kitchen Maid £12 „ „ „ 1 Scullery „ £37. 6s., board only 4 House and Parlour Maids £48 1 Portress £12 1 Sacristaness £12 Total, £203. 9s.	*Nil.*	£367	*Not given.*	*Nil.*	Messrs. Merryweather have recently supplied all appliances considered necessary.
HOSPITALS FOR CHILDREN:															
ALEXANDRA	1 Physician in London with no beds 1 „ „ Bournemouth „ „ „ 2 Surgeons each in London „ 30 „ 2 „ in Bournemouth 1 „ 11 „ „ 1 „ 10 „	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Anæsthetist £21 a year.	1 Chaplain Honorary 1 Secretary £150, non-resident		2 Housekeepers 1 £30, board, lodging, and beer 1 £25 „ „ „ 1 £18 „ „ „ 2 Cooks 1 £17 „ „ „ 1 Kitchen Maid £10 „ „ „ 4 House „ 3 £13 ea. „ „ „ 1 £10 „ „ „ 1 Laundry „ £20 „ „ „ 1 Charwoman £26, partial board and beer Total, £205.	*Nil.*	£945 London, £80 Bournemouth.	£7. 8s. London, £2. 7s. 6d. Bournemouth.	An inspection is made when considered necessary by the Hon. Architect. The Secretary is responsible for the sanitary condition of the Hospital.	There are 2 fire pumps, which are worked once a month, when a fire drill is given by an expert.
BELGRAVE	2 Physicians 2 Surgeons *Number of beds not given.*	*Nil.*	1 House Surgeon	*Not given.*	Free board; no allowances.	*Nil.*	2 Secretaries Honorary 1 Secretary's Clerk £20 a year 1 Treasurer's „ £20 „		1 Dispenser £40. 18s. 6d. 1 Cook £20, board and beer 1 Ward Maid £12 „ and uniform 1 House „ £17 „ and beer 1 Scrubber £33. 16s. Total, £123. 14s. 6d.	*Nil.*	*Not given.*	£9. 3s. 8d.	An inspection is made once a year as a rule. The Committee is responsible for the sanitary condition of the Hospital.	Extinguishers are provided.
CHEYNE	1 Physician with no beds 1 Surgeon „ 25 „ 1 „ Assistant „ 25 „	The Assistant Surgeon receives £50 a year for extra duties.	*Nil.*	*Nil.*	*Nil.*	1 Anæsthetist, 10s. 6d. per attendance.	1 Chaplain Honorary 1 Secretary £150 a year, non-resident. He received a gratuity of £25 for special services in 1890.		1 Dispenser £36. 18s., no allowances 1 Cook £26, board and lodging 1 Kitchen Maid £12 „ „ 2 Ward Maids £11 each, board, lodging, and uniform 2 House „ £13 each „ „ 1 Scrubber £26, meals Total, £148. 18s.	*Nil.*	£140	£36. 3s. 4d.	*No information given.*	Outside iron staircases, communicating with each ward. Extincteurs in each ward. All the floors are fire-proof throughout. Plans of the building specially approved by Captain Shaw.
EAST LONDON	3 Physicians 2 with 20 beds each 1 „ 6 „ 2 „ Assistant no „ 2 Surgeons „ 23 „ each 1 „ Assistant „ 10 „	£25 is allowed to each officer to cover travelling expenses.	1 Resident Medical Officer 1 House Physician 1 „ Surgeon	£80 a year. *Nil.* „	Free board, washing, and alcohol is provided.	*Nil.*	1 Chaplain Honorary 1 Secretary £250, no allowances 2 „ Clerks £125 „ Total, £375.		1 Storekeeper £18, board, lodging, washing, and beer 1 Dispenser £100, no allowances 1 „ Assistant £32. 10s., no allowances 3 Porters £45. 16s., board, lodging, washing, uniform, and beer 1 Housekeeper £80, board, lodging, and beer 1 Cook £20 „ washing, and beer 2 Kitchen Maids £21 „ „ „ „ 3 Ward „ £42 „ „ „ „ 4 House „ £52 „ „ „ „ 9 Scrubbers £112, beer only Total, £523. 6s.	*Nil.*	£250	£37. 10s.	A monthly inspection is made by the builder, and an annual one by the Sanitary Inspector. The latter is responsible for the sanitary condition of the Hospital.	A fire hydrant on each floor, and hand engines for each ward.
EVELINA	2 Physicians with 16 or 17 beds each 2 „ Assistants no „ 2 Surgeons „ 16 or 17 „ each 2 „ Assistants „ 10 „	*Nil.*	2 Medical Officers	1 £70 a year. 1 £50 „	Free board, washing, and beer.	*Nil.*	1 Secretary £100, non-resident		1 Dispenser £70, no allowances 2 Porters £100, partial board and uniform Domestic Servants *Numbers and individual wages and allowances not given.* Wages amount to £230. Total, £520.	*Nil.*	£250	£34. 7s. 6d.	An inspection is made every 3 months by a builder, and annual supervision given by the Committee. The Resident Medical Officer reports to the Committee every month.	*No information given.*
HOME AND INFIRMARY	3 Physicians 2 „ Assistants 2 Surgeons 1 „ Assistant *No information as to number of beds in charge of each.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Chaplain Honorary. 2 Secretaries „		1 Dispenser £25, no allowances 1 Cook £20, board and lodging 1 Kitchen Maid £10 „ „ 2 House „ £28 „ „ Total, £83.	*Nil.*	£84	£10. 8s. 9d.	*No information given.*	*No information given.*
HOSPITAL FOR SICK CHILDREN, GREAT ORMOND-STREET.	4 Physicians 3 with 21 beds each 1 „ isolation beds 4 „ for Out-patients 2 Surgeons with 21 beds each 3 „ for Out-patients	*Nil.*	1 House Physician 1 „ Surgeon	£60 a year. £50 „	Free board and beer.	1 Medical Registrar £52. 10s., lunch. 1 Surgical „ £40 „ 1 Assistant House Surgeon £40 „	1 Secretary £300, non-resident 2 „ Clerks 1 £100 „ 1 £39 „ 1 Out-patient Clerk £30 „ Total, £469.		1 Dispenser £111. 4s., no allowances 1 £76 „ „ 2 „ Assistants 1 £52 „ „ 1 £28, board, lodging, beer, uniform, and washing 4 Porters £104, no allowances 1 Engineer £52 „ „ 1 „ Night £20, board, lodging, beer, and washing 1 Assistant Housekeeper £30 „ „ „ „ 1 Cook £14 „ „ „ „ 1 Kitchen Maid £27. 6s. „ „ „ „ and uniform 1 „ Porter £10 „ „ „ „ 1 Scullery Maid £84 „ „ „ „ and uniform 6 Ward „ £68 „ „ „ „ 6 House „ £16 „ „ „ „ 1 Linen „ £39 16s. „ „ „ 1 Laundry „ £65, no allowances 3 Scrubbers Total, £887. 6s.	No system of pensions. The late Secretary gets a pension of £220 a year after 33 years' service. One Out-patient Attendant gets 8s. a week.	£1,103	£173.	An inspection is made once a quarter by the Secretary and Engineer, and once a month by the Plumber. The Secretary is responsible for the sanitary condition of the Hospital.	Aniidjah's fire escape and system of fire hose and hydrants put up by Messrs. Merryweather & Co.
NORTH EASTERN	*No information has been received from this Institution.*								*No information has been received from this Institution.*						
PADDINGTON GREEN	4 Physicians with 14 beds between them 2 Surgeons „ 13 „ „ „ 1 „ Ophthalmic	*Nil.*	1 Resident Medical Officer	£40 a year.	Free board, and £5. 5s. in lieu of alcohol.	1 Medical and Surgical Registrar £30 2 Clinical Assistants *Nil* 1 Pathologist *Nil* 1 Anæsthetist *Nil*	1 Secretary £160 a year, no allowances		1 Dispenser £100, no allowances 1 Porter £52 „ 1 Boy £13, board only 1 Cook £20, board, lodging, and 1s. 6d., washing money 2 House Maids 1 £12 „ and 1s. „ 1 £9 „ „ 1 Scrubber £6. 10s., no allowances Total, £212. 10s.	*Nil.*	£250	£60.	An annual inspection by the Sanitary Assurance Association. The Medical Committee is responsible for the sanitary condition of the Hospital.	Nurses and servants receive special instructions as to their duties in case of alarm. Hand grenades are placed on all landings and staircases. The Fire Brigade station is only about 200 yards from the Hospital.

M.—Special Hospitals in the Metropolis.—I. Notes on the Honorary, Resident and Non-Resident Medical Staff, Officials, Servants, Pensions, Rates, Sanitary Inspection, and Fire Precautions—*continued.*

NAME.	HONORARY MEDICAL STAFF.		RESIDENT MEDICAL OFFICERS.			NON-RESIDENT MEDICAL OFFICERS.	OFFICIALS.	SERVANTS.	PENSIONS.	RATES.		Sanitary Inspection.	Fire Precautions.
	Number of Beds in charge of each.	Amount of Honoraria.	Number in Residence.	Salaries.	Board and Allowances.	Number of, and Salaries.	Post held. Salaries and Allowances.	Number of. Salaries and Allowances.	Officials and Servants.	Assessment.	Annual Payment.		
HOSPITALS FOR CHILDREN—*continued.*													
Victoria	2 Physicians with 18 beds each 2 „ for Out-patients „ no „ 2 Surgeons „ 19 „ each 4 „ for Out-patients „ no „	*Nil.*	1 Resident Medical Officer 1 „ Surgical „	£50 a year. £40 „	Free board and washing provided.	*Nil.*	1 Secretary £400 a year 1 „ Clerk £120 „ Total, £520. *No information given as to allowances.*	1 Dispenser £190, no allowances 1 „ Assistant £52 „ „ Porters £146. 12*s.*, uniforms, 1 resident not boarded, 1 partially boarded 1 Page Boy £11. 14*s.*, board 1 Cook £30 1 Kitchen Maid £14 1 Scullery „ £10 3 House „ £46 Scrubbers 10*s.* a week. *No numbers given.* Total, exclusive of Scrubbers, £429. 6*s.*	*Nil.*	£217	£28. 18*s.* 8*d.*	*No information given.*	*No information given.*
HOSPITALS FOR CONSUMPTION:													
Brompton	6 Physicians with about 63 beds each 6 „ Assistants „ no „ 1 Surgeon „ „ „	£52. 10*s.* to each Assistant Physician.	1 Resident Medical Officer 1 Assistant Medical Officer 4 House Physicians	£200 a year. £50 a year. *Nil.*	£21 a year as Lecturer to Nurses; free board and beer. Board and beer. „ „	1 Pathologist £52. 10*s.*	1 Chaplain £300, and a house 1 Secretary £500, early dinner or lunch 1 £300 „ 3 „ Clerks 1 £150 „ 1 £21. 16*s.* „ 1 Surveyor £26. 5*s.* 1 Engineer £104, and £31. 4*s.* in lieu of board. 1 „ (Sub.) £93. 12*s.*, and £31. 4*s.* in lieu of board. 1 Steward £80, board and lodging. 1 Curator's Assistant £65, and £20 in lieu of board Total, £1,640. 13*s.*	1 Dispenser £185, and £11. 14*s.* board wages 1 £36 „ „ 3 „ Assistants 1 £30 „ „ 1 £26 „ „ 1 Gate Porter £59. 16*s.*, lodge, gas, coals, and livery 1 House „ £23, board, lodging, and livery 1 „ South Wing £18. 4*s.* „ „ 2 Dispensary Porters £57. 4*s.*, no allowances 3 „ £117, and £31. 4*s.*, each board wages 1 Out-Patient Attendant £44. 4*s.*, and £14. 12*s.* „ 1 Stoker £33. 16*s.*, and £26 „ 1 Housekeeper £40, all found 1 „ Assistant £35 „ 2 Cooks 1 £30 livery, washing, and all found 1 £28 „ 1 £16 „ 1 £14 „ 2 Kitchen Maids £12 „ „ „ 1 Scullery „ £12 „ „ „ 7 Gallery „ £28 „ „ „ 5 House „ £42 „ „ „ 1 Store-Room Maid £14 „ „ „ 1 Servant £18 „ „ „ 6 Scrubbers at 1*s.* 6*d.* a day, about £169 Total, £1,274. 4*s.*	No regular system. A pension is granted of £30 a year to a former Resident Medical Officer and a matron (a married couple), after 25 years' service.	£2,334	£600. 6*s.* 11*d.*	An inspection is made every 3 months by builder on specifications drawn up by sanitary engineer of eminence. The Resident Medical Officer is responsible for the sanitary condition of the Hospital.	There are hydrants with hose and buckets. Pumps with buckets filled with water always ready. Easy access to the roof. Fire escape close by. Monthly fire drill by Inspector of Fire Brigade.
City of London	6 Physicians 1 with 28 beds 5 „ 24 „ each 6 „ Assistants 1 „ 16 „ 5 „ no „ 1 Surgeon „ „ „	£26. 5*s.* to each Assistant Physician.	1 Resident Medical Officer 3 House Physicians	£100 a year. *Nil.*	Free board and beer. Free board and beer, and £10 a year each in lieu of washing.	1 Pathologist £105.	1 Chaplain 1 Secretary 1 „ Clerk 1 „ (as Collector 3% on annual subscriptions.) Total, £615.	1 Dispenser £200, no allowances 1 „ Assistant £135 „ 1 Porter £70. 4*s.*, board, beer, and uniform 2 „ £130, partial board, beer, and uniform 1 Engineer £104, no allowances 1 Stoker £34. 12*s.* „ 1 Housekeeper £30, board, lodging, £2 in lieu of beer 1 Cook £34 „ „ „ 4 Kitchen Maids £57 „ „ „ 8 Ward „ £108 „ „ „ 2 House „ £38 „ „ „ 1 Porter „ £26 „ „ „ and uniform 3 Scrubbers £87. 2*s.*, no allowances Total, 1,073. 18*s.* 0*d.*	*Nil.*	Not assessed	*Nil.*	The Physicians and the Resident Medical Staff are always on the alert. The Committee of Management is responsible for the sanitary condition of the Hospital.	Fire hydrants, with hose attached, on every floor and hydrants in the grounds; also hand grenades in the building.
North London	8 Physicians The 3 Seniors are in charge of 17 beds each.	£60 a year each	1 Resident Medical Officer	£40 a year.	Free board, beer, and washing provided.	*Nil.*	1 Chaplain £30, no allowances 1 Secretary £200 „ 1 „ Clerk £78 „ Total, £308.	1 Dispenser £110, no allowances 1 „ Assistant £25 „ 1 „ Boy £5 „ 1 Housekeeper £26, board, lodging, and washing 1 Cook £30 „ „ „ 1 Kitchen Maid £14 „ „ „ 1 Scullery „ £14 „ „ „ 2 Ward „ £32 „ „ „ 1 House „ £16 „ „ „ Scrubbers £25 „ „ „ Total, £297	*Nil.*	£398	*Not given*	The Resident Medical Officer and Secretary make frequent inspections. The Committee is responsible for the sanitary condition of the Hospital.	There are hand buckets and pumping machines. The Hospital is close by a Fire Brigade Station.
The Royal	6 Physicians The 3 Seniors are in charge of 16 beds each. 3 „ Assistants with no beds 1 Surgeon „ „ „ 1 „ Assistant „ „ „	The 6 Junior Physicians £26. 5*s.* a year each.	1 Resident Medical Officer 1 House Physician	£100 a year. £40 „	Free board, and beer or claret provided.	1 Pathologist £26. 5*s.*	1 Chaplain Honorary 1 Secretary £250 and lunch, also 5% on annual subscriptions over £1,000, and 2½% on all donations obtained by him. 1 „ Clerk £78, and tea Total, £328.	1 Dispenser £116, no allowances 1 „ Assistant £52 „ 4 Porters £218 „ 1 Cook £23, board, lodging, and washing 1 Kitchen Maid £12 „ „ „ 1 Helper in Kitchen £26, board only 2 Ward Maids £32 „ lodging and washing 2 House „ £31 „ „ „ 2 Scrubbers £60, no allowances Total, £880	*Nil.*	£378	£36. 5*s.*	A daily inspection is made by the Engineer. The Secretary is primarily responsible for the sanitary condition of the Hospital.	Hydrants on each landing specially fitted up by Messrs. Bland, Mason & Co. The Hospital officials have fire drill quarterly. There are also hand pumps and grenades.
DENTAL HOSPITALS:													
The Dental	6 Dental Surgeons There are no beds 11 „ Assistants	*Nil.*	*Nil.*	*Nil.*	*Nil.*	4 House Surgeons £40 each.	1 Secretary £100 a year He receives commission on all amounts obtained through his direct agency as follows: 20% on amounts of 50 guineas and under, 10% on amounts of over 50 guineas to 100 guineas, and 5% on amounts of over 100 guineas, and also 5% on renewed annual subscriptions obtained originally through him. He has to pay all the expenses of canvassing.	1 Storekeeper £52. 10*s.*, non-resident 1 Porter and wife £130, lodging, no board; they pay for a charwoman 1 Female to register patients £20, no allowances Total, £202. 10*s.*	*Nil.*	£450	£67. 7*s.*	No regular inspection is made. The Secretary is responsible for the sanitary condition of the Hospital.	No special precautions are taken, but due care is exercised.
National Dental	1 Physician There are no beds 1 Surgeon 6 „ Dental „ 6 „ Assistants	*Nil.*	1 House Physician	£50 a year.	Free board.	6 Anæsthetists *Nil.*	1 Secretary £85 a year, non-resident	1 Porter £52, lodging and uniform	*Nil.*	£100	£14. 11*s.* 8*d.*	*No information.*	*No information.*
The London Fever	2 Physicians In charge of 100 beds each 2 „ Assistants „ no „ 1 Surgeon „ „ „	£103 a year each £10. 10*s.* each £31. 10*s.*	1 Resident Medical Officer 1 „ „ „ Assistant	£200 a year. £120 „	Free board.	*Nil.*	1 Secretary and Collector £300 and luncheon 1 „ Clerk £100, no allowances Total, £406.	1 Storekeeper £27. 10*s.*, no allowances 1 Porter £72, residence only 1 „ Assistant £72. 16*s.*, no allowances. 1 Engineer £96, residence 1 „ Assistant £78, no allowances 1 Office Boy £13, „ 1 Cook £36 1 Kitchen Maid £17 1 Scullery „ £14 9 Ward „ £144 2 House „ £38 2 Dormitory Maids £32 3 Laundry „ £34 1 Laundress £23 *No information with regard to allowances.* Total, £716. 6*s.*	*Nil.*	£384	£53. 4*s.*	Constant inspections are made by the Resident Medical Officer. The Architect, who visits frequently, is responsible for the sanitary condition of the Hospital.	There are fire buckets and pumps, also speaking telephone communication between different parts of the Hospital with the Fire Brigade Station.

M.—Special Hospitals in the Metropolis.—II. Notes on the Honorary, Resident, and Non-Resident Medical Staff, Officials, Servants, Pensions, Rates, Sanitary Inspection, and Fire Precautions

NAME.	HONORARY MEDICAL STAFF.		RESIDENT MEDICAL OFFICERS.			NON-RESIDENT MEDICAL OFFICERS.	OFFICIALS.	SERVANTS.	PENSIONS.	RATES		Sanitary Inspection.	Fire Precautions.
	Number of Beds in Charge of each.	Amount of Honoraria.	Number in Residence.	Salaries.	Board and Allowances.	Number of, and Salaries.	Post held: Salaries and Allowances.	Number of: Salaries and Allowances.	Officials and Servants.	Assessment.	Annual Payment.		
FOR FISTULA, &c.:								*No information given.*	*No information given on these points.*			*No information given on these points.*	
- - - - -	2 Surgeons - - - - - *Number of beds not given.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	2 Anæsthetists - - - *Salaries not given.*	*No information given.*						
- - - - -	2 Surgeons - - - - - with 17 beds each. 2 „ Assistants - - - „ 20 „ 1 Physician - - - - - „ 20 „	*Nil.*	1 House Surgeon - - - -	£50 a year.	Free board and beer provided.	1 Anæsthetist - - - £50 a year.	1 Chaplain - - - - Honorary. 1 Secretary - - - - £225, no allowances.	1 Dispenser - - - - - - £70, no allowances. 1 Porter - - - - - - £24, board and lodging. 1 Cook - - - - - - £22 „ „ 1 Kitchen Maid - - - - - £14 „ „ 1 Ward „ - - - - - - £15 „ „ 1 House „ - - - - - - £15 „ „ 1 Scrubber - - - - - - £15, food only. Total, £175.	*Nil.*	£204.	£23. 11s. 11d.	The House Committee makes a monthly inspection of the Hospital.	The building is practically fireproof.
S, FOR STONE -	4 Surgeons - - - - - in charge of 6 beds each.	*Nil.*	1 House Surgeon - - - -	£52. 10s. a year.	Free board and washing provided, and £9 in lieu of alcohol.	1 Surgical Registrar - - Honorary. 1 Anæsthetist - - - £50 a year.	1 Chaplain - - - - Honorary. 1 Secretary - - - - £150, and a gratuity of £25. 1 „ Clerk for Out-patients £14. 5s. 1 Collector - - - - about £6. Total, £170. 5s.	1 Dispenser and Assistant - - - £100 a year, no allowances. 1 Cook - - - - - - £23 } *No information as to Allowances.* 1 Kitchen Maid - - - - - £16 } 2 Ward „ - - - - - - £32, board and lodging. 1 House „ - - - - - - £16 „ „ 2 Porters - - - - - - £54 „ „ Total, £241.	*Nil.*	£400.	£73. 13s. 4d.	The House Surgeon makes inspections at frequent intervals.	Two bucket fire extinguishers, each 12 buckets. Fireproof floors and stone staircase.
FOR FOREIGNERS:													
- - - - -	2 Physicians - - - - - { 1 with 20 beds. 1 „ 16 „ 1 „ for Out-patients { 1 „ 10 „ 2 Surgeons - - - - - { 1 „ 16 „ 1 „ 8 „ 1 „ Ophthalmic - - „ 10 „	*Nil.*	1 Resident Medical Officer - -	£80 a year.	Free board and beer provided.	*Nil.*	1 Secretary - - - - Honorary. 1 „ Assistant - - £175, and 5% on donations and subscriptions. 1 „ Clerk - - - £52, dinner and tea. Total, £227.	1 Dispenser - - - - - Honorary. 1 „ Assistant - - - £104, no allowances. 1 Porter, Out-door - - - - £37. 4s., partial board and beer. 1 „ Ward - - - - £31. 4s., board and beer. 1 „ General Servant - - £26 „ „ 1 „ Out-patients - - - £31. 4s., no allowances. 1 Stoker - - - - - £78, partial board and beer. Kitchen Maids and Scrubbers - - £67. 12s. „ „ Total, £395. 4s.	*Nil.*	£834.	£118. 5s.	A monthly inspection is made by the Honorary Architect. The Resident Medical Officer is responsible for the sanitary condition of the Hospital.	A fire pump is always ready for use on each landing.
- - - - -	2 Physicians - - - - - { The beds are, as nearly as possible, equally divided amongst the Staff, but there is no fixed number for each. 1 „ Obstetric - - - 2 Surgeons - - - - - 1 „ Assistant - - -	£10 a year for each of the Staff for each hire.	2 Resident Medical Officers - -	£60 a year.	Free board and beer provided.	*Nil.*	1 Chaplain - - - - Honorary. 1 Secretary - - - - £400, no allowances. 1 „ Clerk - - - £130 „ Total, £530.	1 Dispenser - - - - - - £60, board, lodging, and beer. 1 „ Assistant - - - - £30 „ „ „ 2 Porters and their wives - - £90 „ „ „ 1 „ House - - - - £28. 12s., board, lodging, and beer. 5 Male Attendants - - - - £104 „ „ „ 1 Housekeeper - - - - - £24 „ „ „ 1 Cook - - - - - - £18 „ „ „ 1 Kitchen Maid - - - - - £15 „ „ „ 3 Ward „ - - - - - £36 „ „ „ 2 House „ - - - - - £27 „ „ „ Scrubbers only employed when needed, 2s. daily, with board. Total, exclusive of Scrubbers, £432. 12s.	*Nil.*	£401.	£36. 13s. 4d.	The Sanitary Engineer of the Hospital makes an inspection every 3 months. The Honorary Architect is responsible for the sanitary condition of the Hospital.	Special appliances, and kept on the landings, and leather buckets always filled with water in every corridor. These appliances are examined and kept in order by the manufacturers once every three months, when the male servants are instructed in the use thereof.
- - - - -	2 Physicians - - - - - { *No information as to number of beds in charge of each.* 2 „ Assistants - - - 2 Surgeons - - - - -	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Chaplain - - - - Honorary. 1 Secretary - - - - £52, no allowances.	1 Ispen - - - - - - Honorary.	*Nil.*	£92.	£13. 16s.	No inspection; but the drains have been carefully constructed on the best modern principles, with manhole.	*No information on this point.*
- - - - -	1 Physician - - - - - with no beds. 2 Surgeons - - - - - „ 70 „ each at Female Hospital. 1 „ - - - - - - „ 20 beds at Male Hospital. 3 „ Assistants - - - - „ no beds.	*Nil.*	1 House Surgeon at Female Hospital. 1 House Surgeon, Unqualified, at Female Hospital. 1 House Surgeon at Male Hospital.	£100 a year. *Nil.* £50 a year.	Board and lodging, and 2s. 6d. a week in lieu of washing. Do. do. do. Do. do. do.	1 Registrar - - - - *Nil.* 1 Anæsthetist - - - *Nil.*	1 Chaplain - - - - £100, and a house. 1 Secretary - - - - £280, and lunch. 2 „ Clerks - - { 1 £78 „ 1 £52 „ Total, £480. Extra help as required for 'special appeal' work.	1 Dispenser - - - - - - £104, partial board. 3 Porters - - - - - £116. 16s., board, lodging and uniform. 1 Cook-Housekeeper - - - £30 „ „ 1 Cook - - - - - - £20 „ „ 2 Kitchen Maids - - - - £29 „ „ 2 Scullery „ - - - - £29 „ „ 2 House „ - - - - - £36 „ „ These are for the Male and Female Hospitals. Total, £369. 16s.	*Nil.*	Male, £148. Female, £150; now raised to £1,668.	Male, £18. 10s. Female, £18. 11s. 9d.	An annual inspection is made by the Secretary and a Sanitary Inspector, when the drains are all thoroughly tested with the peppermint test. The Secretary and the Visiting Governors are responsible for the sanitary condition of the Hospital.	There are stand-pipes, hose, and buckets, which are tested from time to time. There is also a fire-escape from the top floor of the Asylum.
OSPITALS:													
- - - - -	3 Physicians have 17 beds between them.	If specially summoned cab fares are paid.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Secretary - - - - £78, no allowances.	1 Porter - - - - - - £24, board only. 1 Cook - - - - - - £20 „ and lodging. 1 Ward Maid - - - - - £18 „ „ 2 House „ - - - - - £32 „ „ Total, £94.	*Nil.*	*Not given.*	About £20.	The Medical Officers are responsible for the sanitary condition of the Hospital. *No information as to how often sanitary inspections are made.*	Two staircases, either of which can be approached easily from any part of the building.
LONDON - - -	1 Physician - - - - - { *No information as to number of beds in charge of each.* 1 Surgeon - - - - - 8 District Surgeons.	Cab fares are allowed. Surgeon, £52. 10s., and fees for lectures. District Surgeons, 2s. 6d. a visit.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Chaplain - - - - £50, no allowances. 1 Secretary - - - - £200, and commission, about £12 a year. Total, £250.	2 Porters - - - - - - { 1 £52, board, lodging, partial uniform, and beer. 1 £39, board only. 1 Cook - - - - - - £20, and £2 beer money. 1 Kitchen Maid - - - - - £10. *Allowances not given.* 1 Ward „ - - - - - £13, and £2 beer money. 2 House „ - - - - - £24 „ „ for one. 1 Scrubber - - - - - £8, no allowances. 1 Seamstress - - - - - £12 „ Total, £178.	*Nil.*	£167.	£90.	The Secretary makes a weekly inspection, and reports, if necessary, to the Honorary Architect.	Hydrants and hose on each floor.
- - - - -	2 Physicians - - - - - *No information as to number of beds in charge of each.*	Cab fares are allowed.	1 House Physician - - - -	£40 a year.	Free board and beer provided.	*Nil.*	1 Chaplain - - - - Honorary. 1 Secretary - - - - £92, partial board.	1 Porter - - - - - - £36. 8s., board and beer, and one suit of working clothes. 1 Cook - - - - - - £21, board, lodging, and beer. 1 Kitchen Maid - - - - - £11 „ „ „ 2 Ward „ - - - - - £23 „ „ „ 2 House „ - - - - - £33 „ „ „ Total, £124. 8s.	*Nil.*	£1 7.	£46.	An inspection is made every six months by a Sanitary Inspector, who is responsible for the sanitary condition of the Hospital.	There are buckets and two extinctors.
HARLOTTE'S - -	2 Physicians - - - - - with 58 beds, of which they take charge on alternate months. 2 „ for Out-patients - with no beds.	Cab fares are allowed.	1 Resident Medical Officer - -	£60 a year.	Free board and beer provided; also washing to the amount of 2s. 6d. a week.	1 Pathologist - - - £1. 1s. each examination.	1 Chaplain - - - - £50, no allowances. 1 Secretary - - - - £200, lunch. 1 „ Clerk - - - £32. 10s., dinner and tea. 1 Collector - - - - £64. 16s. 7d., being 5% commission on old subscriptions. Total, £337. 6s. 7d.	1 Porter - - - - - - £32. 10s., board, lodging, and washing. 1 Page - - - - - - £6. 14s. „ and uniform. 1 Cook - - - - - - £26 „ lodging, and washing. 1 Kitchen Maid - - - - - £14 „ „ „ 1 Ward „ - - - - - £38 „ „ „ 3 House „ - - - - - £38 „ „ „ 1 Scullery „ - - - - £6. 10s., board only. 1 Scrubber - - - - - £6. 10s., dinner. Total, £168. 4s.	*No information given on this point.*	£125.	£32. 0s. 7½d.	The Honorary Architect makes constant inspections, but at no fixed times; he is responsible for the sanitary condition of the Hospital.	There are two hand grenades in each ward, 12 on each corridor, and an extinctour on each floor.

M.—Special Hospitals in the Metropolis.—II. Notes on the Honorary, Resident, and Non-Resident Medical Staff, Officials, Servants, Pensions, Rates, Sanitary Inspection, and Fire Precautions—*continued*.

NAME.	HONORARY MEDICAL STAFF.		RESIDENT MEDICAL OFFICERS.			NON-RESIDENT MEDICAL OFFICERS.	OFFICIALS.	SERVANTS.	PENSIONS.	RATES.		Sanitary Inspection.	Fire Precautions.
	Number of Beds in charge of each.	Amount of Honoraria.	Number in Residence.	Salaries.	Board and Allowances.	Number of, and Salaries.	Post held: Salaries and Allowances.	Number of: Salaries and Allowances.	officials and Servants.	Assessment.	Annual Payment.		
HOSPITALS FOR PARALYSIS AND EPILEPSY:													
HOSPITAL FOR, PORTLAND-TERRACE.	3 Physicians - - - - - in charge of 8 beds each. 2 ,, for Out-patients - - ,, 10 ,, 2 Surgeons - - - - - ,, ,, ,, 1 ,, Ophthalmic - - - ,, ,, ,,	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Secretary - - - - - £200, and 5% commission on all sums he obtains, and lunch.	1 Dispenser - - - - - - - - £78, no allowances. 1 Cook - - - - - - - - £18, board and lodging. 1 Kitchen Maid - - - - - - - £8 ,, ,, 2 Ward ,, - - - - - - - £18 ,, ,, 1 House ,, - - - - - - - £16 ,, ,, Porters - - - - - - - - £53. 12s., partial board and uniform. Total, £191. 12s.	*Nil.*	£109.	£15. 17s. 11d.	The Secretary makes an inspection from time to time. The Hospital was completely re-drained in 1883-84, under the superintendence of an expert; a plan of the drains is in the office. The Secretary is responsible for the sanitary condition of the Hospital.	The whole of the first floor would quickly be cleared by a wide external flight of stairs (an iron spiral), erected on purpose. The upper floor could be quickly cleared by an iron door made to open through a wall on to a neighbouring roof.
NATIONAL - - - - -	4 Physicians - - - - - with from 15 to 32 beds each, according to seniority. 4 ,, for Out-patients - - with no beds. 2 ,, Assistants - - - ,, ,, 1 ,, Laryngologist - - - ,, ,, 2 Surgeons - - - - - ,, ,, 2 ,, Ophthalmic - - - ,, ,, 1 ,, Aural - - - - ,, ,,	Only cab fares to country branch.	2 House Physicians - - - -	£150 a year together.	Free board and beer provided.	1 Medical Registrar and Pathologist - £52. 10s. a year. 1 Anæsthetist - - - - - - Honorary.	1 Chaplain - - - - - £100, no allowances. 1 General Director - - - £450, lunch; honorarium may be voted by the Board. 1 Secretary's Clerk - - - £119, dinner. 1 House Clerk - - - - £100, board. Total, £765.	1 Dispenser - - - - - - - - £120, dinner. 3 Porters - - - - - - - - £26 to £30, board and uniform. 1 Cook - - - - - - - - £28 ,, ,, 3 Kitchen Maids - - - - - - £12 to £18 ,, ,, 1 Scullery ,, - - - - - - £12 ,, ,, 3 Ward ,, - - - - - - £12 to £14 ,, ,, 3 House ,, - - - - - - £12 to £22 ,, ,, 8 Scrubbers - - - - - - - paid by the hour, no meals.	*Nil.*	Gross, £2,050. Nett, £1,667.	£454. 19s. 3d.	A Sanitary Inspector makes an inspection weekly, or oftener if required. He is primarily responsible for the sanitary condition of the Hospital. The General Director is expected to keep himself informed.	Hydrants on every floor; fire main to connect with the same. Men regularly exercised. Cross fire-alarm bell. Ready communication by electric bell with the Fire Brigade station.
NATIONAL, FOR HEART -	4 Physicians - - - - - } *No information as to number of beds in charge of each.* 1 Surgeon - - - - - } 1 ,, Assistant - - - - }	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Anæsthetist - - - - - - *Nil.*	1 Chaplain - - - - - £26 } *No information as to allowances.* 1 Secretary - - - - - £200 } 1 ,, Clerk - - - - £40 } Total, £266.	1 Dispenser - - - - - - - - £60, board and lodging. 1 Porter - - - - - - - - £26 ,, ,, 1 Cook - - - - - - - - £20 ,, ,, 2 Ward Maids - - - - - - £20 ,, ,, 1 House ,, - - - - - - £15 ,, ,, Total, £181.	*Nil.*	£180.	£40.	A Sanitary Engineer makes a quarterly inspection. The Secretary is responsible for the sanitary condition of the Hospital.	Hand grenades in the Hospital and a fire-engine in the square.
WEST END - - - - -	3 Physicians - - - - - } no beds. 1 Surgeon - - - - - }	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Secretary - - - - - Honorary. 1 ,, Assistant - - - £118. 10s. *Allowances not given.*	1 Dispenser and Electrician - - - - £130. 1 Porter - - - - - - - - £26. 1 Cook - - - - - - - - £16. 1 House Maid - - - - - - - £16. Total, £188. *No information as to allowances.*	*Nil.*	£50.	£12. 16s.	*No information on this point.*	*No information on this point.*
OPHTHALMIC HOSPITALS:													
CENTRAL LONDON - -	3 Ophthalmic Surgeons - - - with 4 beds each. 3 Ophthalmic Surgeons' Assistants - with no beds.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 House Surgeon - - - - - £54. 12s.	1 Secretary - - - - - £70, and £10 % on sums obtained directly through his agency.	1 Dispenser - - - - - - - - £67. 12s., no allowances. 1 Porter - - - - - - - - £39, board and uniform. 1 Cook - - - - - - - - £14 } *No information as to allowances.* 1 Ward Maid - - - - - - - £12 }	*No information given on this point.*	*No information given on these points.*		An annual inspection is made by the London Sanitary Protection Association; and the Honorary Architect inspects at intervals. The latter is responsible as to the sanitary condition of the Hospital.	There are hand grenades in various parts of the Hospital, and a fire-escape to the roof.
ROYAL LONDON - - -	1 Physician - - - - - - } *No information as to number of beds in charge of each.* 7 Ophthalmic Surgeons - - - } 3 Ophthalmic Surgeons' Assistants - }	*Nil.*	1 House Surgeon - - - -	£75 a year }	Free board; beer and washing provided.	1 Curator of Museum - - - - £120. 1 Refraction Assistant - - - £50.	1 Chaplin - - - - - £25, no allowances. 1 Secretary - - - - - £250, lunch. 1 ,, Clerk - - - - £130, no allowances. Total, £415.	1 Dispenser - - - - - - - - £110, lunch. 1 ,, Assistant - - - - - £78, no allowances. 1 Porter, House - - - - - - £65 ,, 1 ,, Dispensary - - - - - £18. 4s. ,, 1 ,, Attendant - - - - - £65, dinner only. 1 ,, Hall (boy) - - - - - £22. 12s., breakfast, dinner, and tea. 1 Cook - - - - - - - - £26, board and 1½ pint of beer a day. 2 Kitchen Maids - - - - - - £28 ,, 1½ ,, ,, 3 Ward ,, - - - - - - £60 ,, 1 ,, ,, 2 House ,, - - - - - - £34 ,, 1 ,, ,, 2 Scrubbers - - - - - - - £26, partial board and 1½ pint of beer a day. Total, £532. 16s.	*Nil.*	£209.	£21. 18s. 6d.	A quarterly inspection is made by a Sanitary Committee. The Surgeons are responsible for the sanitary condition of the Hospital.	A special wire to nearest fire station, which is only 2 minutes' walk from the Hospital.
ROYAL SOUTH LONDON -	3 Ophthalmic Surgeons - - - } no beds. 1 Ophthalmic Surgeons' Assistant - }	*Nil.*	*Nil.*	*Nil.*	*Nil.*	2 Clinical Assistants - - - - £50 each.	1 Secretary - - - - - £50, and £15 % commission on donations and new annual subscriptions obtained by him.	1 Dispenser - - - - - - - - £65, no allowances. 1 Porter - - - - - - - - £26 ,, Total, £91.	*Nil.*	*Nil.*	*Nil.*	*No information is given on this point.*	*No information is given on this point.*
ROYAL WESTMINSTER -	5 Ophthalmic Surgeons - - - } *No information as to number of beds in charge of each.* 2 Ophthalmic Surgeons' Assistants - }	*Nil.*	1 House Surgeon - - - -	*Nil.*	Free board and beer provided.	*Nil.*	1 Chaplain - - - - - £21, no allowances. 1 Secretary - - - - - £280 ,, 1 ,, Clerk - - - - £54. 12s. ,, Total, £355. 12s.	1 Dispenser - - - - - - - - £100, no allowances. 1 Porter - - - - - - - - £39, partial board and uniform. 1 Cook - - - - - - - - £22, board and lodging. 1 Kitchen Maid - - - - - - - £9 ,, ,, 1 House ,, - - - - - - - £18 ,, ,, Scrubbers - - - - - - - - £27, partial board. Total, £215.	*Nil.*	£350.	£84. 11s. 8d.	When necessary an inspection is made by the Standing Committee. The whole of the ground drainage was relaid last year. The Committee is responsible.	Hand pumps and buckets are provided on different floors, and the nurses and servants are instructed periodically in their use.
WESTERN - - - -	3 Ophthalmic Surgeons - - - } 20 beds divided amongst them. 3 Ophthalmic Surgeons' Assistants - }	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Chaplain - - - - - Honorary. 1 Secretary - - - - - £77, and commission. 1 Lady Registrar - - - £26, no allowances. Total, £103.	1 Dispenser - - - - - - - - £40, no allowances. 1 Porter and Wife - - - - - - £52, lodging, gas, and coals. Total, £92.	*Nil.*	£110.	£26.	No specified period for inspection. The drains have just been completely relaid.	No special apparatus provided. Hospital is limited to two offices.
ORTHOPEDIC HOSPITALS:													
CITY - - - - - -	1 Surgeon - - - - - - - in charge of all beds.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Chaplain - - - - - Honorary. 1 Secretary and Collector - - £160, no allowances.	1 Dispenser - - - - - - - - £24, no allowances. 1 Porter - - - - - - - - £62, uniform only. 1 ,, - - - - - - - - £25 ,, 1 Cook - - - - - - - - £16, board and lodging. 2 House Maids - - - - - - - £28 ,, ,, Total, £145.	*Nil.*	£290.	£12. 13s. 4d.	The Finance and House Committee meet fortnightly. The Senior Medical Officer and Finance Committee are responsible.	The Matron makes a nightly inspection of the Hospital premises when gas is lowered and fires put out, except when a fire is required for a sick nurse.
NATIONAL - - - - -	2 Surgeons - - - - - - with 17 beds each. 1 ,, Assistants - - - ,, no ,,	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Surgical Registrar - - - - £30 a year. 1 Anæsthetist - - - - - *Nil.*	1 Secretary - - - - - £85, and 5 % on subscriptions.	1 Porter - - - - - - - - £25, board and lodging. 1 Cook - - - - - - - - £20 ,, ,, and uniform. 1 Kitchen Maid - - - - - - - £10 ,, ,, ,, 1 House ,, - - - - - - - £14 ,, ,, ,, 1 Scrubber - - - - - - - - 2s. a day, no allowances. Total, exclusive of Scrubbers, £69.	*Nil.*	*No information given on these points.*		The Architects or Committee make periodical inspections. The Committee is responsible for the sanitary condition of the Hospital.	*No information given on this point.*
ROYAL - - - -	4 Surgeons - - - - - - with 12 beds each. 1 ,, Assistants - - - ,, no ,,	*Nil.*	1 House Surgeon - - - -	£100 a year.	Breakfast and luncheon and 1 pint of beer.	*Nil.*	1 Chaplain - - - - - £52. 10s., no allowances. 1 Secretary - - - - £300, lodging only. Total, £352. 10s.	1 Porter - - - - - - - - £20, board, 2 pints of beer daily, and uniform. 1 Cook - - - - - - - - £18, board, lodging, and 2 pints of beer daily. 1 Kitchen Porter - - - - - - £15. 12s. ,, 2 ,, ,, 2 House Maids - - - - - - £22 ,, 1½ ,, ,, Total, £75. 12s.	*Nil.*	£284.	£39. 1s.	The sanitary arrangements are always under observation, in addition to the occasional inspection of the local sanitary authorities. The House Surgeon is responsible for the sanitary condition of the Hospital.	Fire-escapes are fixed, and always accessible; they depend from the windows of the two upper floors, and fire-buckets are conveniently placed to every ward.

M.—Special Hospitals in the Metropolis.—III. Notes on the Honorary, Resident, and Non-Resident Medical Staff, Officials, Servants, Pensions, Rates, Sanitary Inspection, and Fire Precautions.

NAME.	HONORARY MEDICAL STAFF.		RESIDENT MEDICAL OFFICERS.			NON-RESIDENT MEDICAL OFFICERS.	OFFICIALS.	SERVANTS.	PENSIONS.	RATES.		Sanitary Inspection.	Fire Precautions.
	Number of Beds in Charge of each.	Amount of Honoraria.	Number in Residence.	Salaries.	Board and Allowances.	Number of, and Salaries	Post Held: Salaries and Allowances.	Number of: Salaries and Allowances.	Officials and Servants.	Assessment.	Annual Payment.		
HOSPITAL FOR SEAMEN:													
DNOUGHT	2 Physicians - with 50 beds each. 2 Surgeons - {1 „ 80 „ / 1 „ 48 „}	£12 each for railway fares.	At Greenwich: 1 Principal Medical Officer	£350 a year, and £10 for, for a substitute in holidays.	House.	1 Surgeon at Gravesend £50.	1 Chaplain - £250 and £10. 10s. for substitute during holidays. 1 Secretary - £400, house, and about £47 a year commission. 1 „ Assistant - £110, board and lodging. 1 „ „ Shipping - £75, no allowances. „ Clerks (*numbers not given*) £50 to £60, and lunch. 1 Steward - £80 to £100, board and lodging. Total, exclusive of Clerks, £915.	1 Storekeeper - £49. 8s., board, lodging, and uniform. 1 Surgery Man - £41. 12s. „ „ „ 1 Dispenser - £80 „ „ „ 1 „ (Well Street) - £40, no allowances. 2 Gate Porters - £98. 19s., dinner, tea, and uniform. 1 Outside „ - £33. 16s., board, lodging, and uniform. 2 Coal „ - £46. 16s. „ „ „ 1 Branch Hospital Porter - £39 „ „ „ 1 Barber - £35. 2s. „ „ „ 1 „ Mate - £18. 4s. „ „ „ 1 Messenger - £41. 12s. „ „ „ 1 Engineer - £62 „ „ „ 1 „ Mate - £23. 8s. „ „ „ 1 Carpenter - £84. 10s. „ „ „ 1 Needle Woman - £87. 4s. „ „ uniform and washing. 2 Cooks - {1 £52 „ „ and uniform. / 1 £20 „ „ and washing.} 1 „ Mate - £39 „ „ and uniform. 1 Matron's Maid - £12 „ „ and washing. 1 Nurse's „ - £9. 2s. „ „ „ 1 Laundress - £49. 8s. „ „ washing and uniform. 1 „ Maid - £41. 12s. „ „ „ 2 Helps - £52, dinner only. 2 Housemaids {1 at Greenwich / 1 at Branch} - £14, board, lodging, and washing. / £16 „ „ „ 10 Scrubbers - £260, no allowances. 1 Officers' Servant - £18, board, lodging, and washing. Convalescent patient, for mattress making, £11. 14s., board and lodging. Total, £1,336. 4s. All servants are allowed beer, or 1s. 2d. in lieu thereof.	The Committee pay half the premium of any employé joining the Royal National Pension Fund.	£609.	£197.	An inspection is made annually, or oftener if necessary, by the Civil Engineer of Greenwich Hospital, and by the Principal Medical Officer; the latter is responsible for the sanitary condition of the Hospital.	Hydrants are fixed on every floor; also buckets and hand pumps, which are kept always full. Life lines are attached to the windows at the end of each corridor in the upper floors. There is also an electric bell communicating with the Fire Station of the Royal Naval College.
HOSPITAL FOR SKIN DISEASES:													
H	1 Surgeon 1 „ Assistant — *No information as to beds.*	The Surgeon is paid his cab fares. The Assistant has a salary of £50 a year.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Secretary - £115. (Honorary.) 1 „ Assistant - £65, no allowances. 1 „ Clerk - £50 „ Total, £115.	1 Dispenser - £50 1 „ Assistant - £46 1 Housekeeper - £21 2 Servants - £34 *No information given as to allowances.* Total, £150.	*Nil.*	£243.	£31. 10s.	The Surgical Superintendent is responsible for the sanitary condition of the Hospital.	*Nil.*
TAL FOR, STAMFORD-ET	1 Physician - only 1 bed in use. 3 Surgeons	*Nil.*	*Nil.*	*Nil.*	*Nil.*	3 Clinical Assistants *Nil.*	1 Secretary - £100, no allowances. 1 Collector - £7, being 5 % commission on subscriptions collected by him.	2 Dispensers - £156, no allowances. 1 Porter - £65, lodging, fuel, light, and uniform. 1 Housekeeper - £26, lodging only. 1 Cook - £14, board and lodging. 1 House Maid - £12 „ „ 1 Scrubber - £6. 10s., lodging, fuel, and light. Total, £279. 10s.	*Nil.*	£125.	£20. 8s. 6d.	The Committee is responsible for the sanitary condition of the Hospital.	No special precautions. The Porter has instructions to go to the nearest fire alarm and signal if fire should break out.
ON	4 Medical Officers - there are no beds. 1 „ „ Assistant	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Secretary - £65, no allowances.	1 Dispenser - £65, lodging only. 1 Charwoman - £6. 10s., no allowances. Total, £71. 10s.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*
NS'S	3 Physicians - with 7 beds each. 2 „ Assistant „ no „ 2 Surgeons - „ 6 „ each.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Pathologist *Nil.*	1 Secretary - £326, lunch and tea. 1 „ Clerk - £40, dinner and tea. 1 Accountant - £42, no allowances. Total, £407.	1 Dispenser - £90, lunch and tea. 1 „ Assistant - £40. 14s. 10d., lunch and tea. 1 Porter - £32. 10s., dinner and tea. 1 Dispensary Boy - £13 „ „ 1 Cook - £25, board and lodging. 1 Kitchen Maid - £16 „ „ 2 Ward „ - £36 „ „ 1 House „ - £16 „ „ 2 Scrubbers - £52, no extras. Total, £321. 4s. 10d.	*Nil.*	£185.	£24.	Inspections are made constantly by the Secretary and once a year by the Health Corporation. The Secretary is responsible for the sanitary condition of the Hospital.	The Hospital is fitted with Fire Brigade hand pumps, and the nurses and servants attend fire drill under an expert once a quarter.
IS	3 Physicians - there are no beds.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Secretary, who is paid by a 5 % commission on the total income of the Institution.	1 Dispenser - £40, no allowances.	*Nil.*	*Nil.*	*Nil.*	*No information given on this point.*	*No information given on this point.*
HOSPITALS FOR THROAT AND EAR:													
L	*No information has been received from this Institution.*												
AL FOR, GOLDEN-SQUARE	4 Physicians - with 6 beds each. 1 Surgeon - „ no „ 2 „ Assistant - „ no „	*Nil.*	1 Resident Medical Officer	£40 a year.	Free board; beer and washing provided.	*Nil.*	1 Chaplain - £21, no allowances. 1 Secretary - £150 „ Total, £171.	1 Dispenser - £120, no allowances. 1 „ Assistant - £100 „ „ Porters - £98. 16s. (Under Porter board'd). 1 Cook - £20, board and lodging. 1 Kitchen Maid - £14 „ „ 1 Ward „ - £14 „ „ 1 House „ - £14 „ „ Total, £380. 16s.	*Nil.*	£450.	£56. 5	A quarterly inspection is made by builders. The Matron is responsible for the sanitary condition of the Hospital.	Portable fire pump, hose, &c.
	No information has been received from this Institution.												
OLITAN	2 Physicians - there are no beds. 2 Surgeons	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Secretary - Honorary.	1 Dispenser - £20, no allowances.	*No information given on this point.*	*No information given on these points.*		*No information given on this point.*	*No information given on this point.*
EAR	1 Physician - with no beds. 1 Surgeon - „ 9 „ 1 „ Assistant - „ no „	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Secretary - £39, board.	1 Porter - £20. 16s. no allowances. *No further information given on this point.*	*Nil.*	£109.	£32. 4s.	An architect makes an annual inspection. The Committee is responsible for the sanitary condition of the Hospital.	*No information given on this point.*

M.—Special Hospitals in the Metropolis.—III. Notes on the Honorary, Resident, and Non-Resident Medical Staff, Officials, Servants, Pensions, Rates, Sanitary Inspection, and Fire Precautions—*continued.*

NAME.	HONORARY MEDICAL STAFF. Number of Beds in Charge of each.	HONORARY MEDICAL STAFF. Amount of Honoraria.	RESIDENT MEDICAL OFFICERS. Number in Residence.	RESIDENT MEDICAL OFFICERS. Salaries.	RESIDENT MEDICAL OFFICERS. Board and Allowances.	NON-RESIDENT MEDICAL OFFICERS. Number of, and Salaries.	OFFICIALS. Post Held: Salaries and Allowances.	SERVANTS. Number of: Salaries and Allowances.	PENSIONS. Officials and Servants.	RATES. Assessment.	RATES. Annual Payment.	Sanitary Inspection.	Fire Precautions.
HOSPITALS FOR WOMEN AND CHILDREN:													
GROSVENOR	2 Physicians — 1 with 5 beds, 1 „ 4 „; 2 Surgeons — 1 „ 5 „, 1 „ 4 „	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Chaplain — Honorary. 1 Secretary — Honorary. 1 „ Clerk — £5 „	1 Dispenser — £50, no allowances. 1 Porter — £39, board only. 1 Cook — £20 „ and lodging. 1 House Maid — £12 „ „ 1 Scrubber — £20. 16s., partial board. Total, £141. 16s.	*Nil.*	£134.	£18. 2s. 11d.	An inspection is constantly made by a civil engineer, who is a member of the General Committee.	A separate staircase at each end of each ward, with communication on each floor and exit at bottom to back and front of building separately; also hand pumps in corridor.
ROYAL	4 Physicians — with 12 beds each. 1 Surgeon — *Number of beds not given.* 1 „ Assistant — with no beds.	*Nil.*	1 Resident Medical Officer	£70 a year.	Free board and washing provided.	1 Medical Registrar — £21. 1 Anæsthetist — *Nil.*	1 Chaplain — Honorary. 1 Secretary — £250, no allowances.	1 Storekeeper — £25, board only. 1 Dispenser — £75, no allowances. 1 Porter — £39, board only. 1 Cook — £20 „ lodging and washing. 1 Kitchen Maid — £12 „ „ „ 2 Ward „ — £24 „ „ „ 1 House „ — £14 „ „ „ Total, £209.	*Nil.*	£607.	£16. 15s.	The Resident Medical Officer is responsible for the sanitary condition of the Hospital.	Fire escapes, and constant supply of water in buckets. Messrs. Shand and Mason inspects.
SAMARITAN FREE	4 Physicians — 1 with 11 beds, 1 „ 6 „, 1 „ 4 „, 1 „ 2 „, „ no „; 3 „ Assistants — „ no „; 4 Surgeons — 1 „ 10 „, 1 „ 8 „, 1 „ 4 „, 1 „ 3 „, „ no „; 3 „ Assistants — „ no „	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Pathologist — £2. 2s. per post-mortem. 1 Anæsthetist — £50 a year.	1 Chaplain — £52. 10s., no allowances. 1 Secretary — £150 and £182. 1s. 8d., commission on contributions. 2 „ Clerks — £108. 4s., no allowances. Total, £492. 15s. 8d.	1 Dispenser — £104, tea. 1 Registrar — £52, partial board. 2 Porters — £104 „ 1 „ — £8, board, lodging, and uniform. 1 Linen Woman — £20, board and lodging. 1 Cook — £28 „ „ 1 Kitchen Maid — £13 „ „ 1 Scullery „ — £10 „ „ 8 Ward „ — £85 „ „ 2 House „ — £24 „ „ Total, £448.	*Nil.*	£300.	£90.	*No information given on this point.*	*No information given on this point.*
HOSPITALS FOR WOMEN:													
CHELSEA	3 Physicians — with 20 beds each. 6 „ Assistants — no beds.	*Nil.*	1 Resident Medical Officer	£80 a year.	Free board; beer and washing provided.	1 Pathologist — *Nil.* 1 Anæsthetist — £20 a year.	1 Chaplain — Honorary. 1 Secretary — £200, lunch and tea. 1 „ Clerk — £50, no allowances. Total, £250.	1 Dispenser — £80, no allowances. 1 Cook Housekeeper — £30, board and lodging. 1 Kitchen Maid — £14 „ „ 1 „ Porter — £30 „ „ 3 Ward Maids — £36 „ „ 2 House „ — £28 „ „ 1 Dormitory Maid — £13 „ „ 1 Scrubber — £26, partial board. Total, £257.	*Nil.*	£334.	£80. 5s. 8d.	A monthly inspection is made by a local plumber. The House Committee is responsible for the sanitary condition of the Hospital.	A Fire Brigade Station is at the rear of the Hospital. Three fire buckets filled with water are upon each floor.
HOSPITAL FOR, SOHO SQUARE	3 Physicians — with 16 beds each. 3 „ for Out-patients — „ no „ 1 Surgeon — „ 11 „ 1 „ for Out-patients — „ no „	*Nil.*	1 House Physician	£75 a year.	Free board and washing provided.	1 Registrar — £73. 10s. a year. 2 Anæsthetist — £10. 10s. each a year.	1 Chaplain — £75, no allowances. 1 Secretary — £200 } *No information given as to* 1 „ Clerk — £39 } *allowances.* Total, £414.	1 Dispenser — £150, lunch. 1 Porter — £44, board, lodging, and uniform. 1 „ — £42 „ and uniform. 1 Portress — £16 „ lodging, uniform, and washing. 3 Kitchen Maids — £33 „ „ „ „ 4 Ward „ — £48 „ „ „ „ 3 House „ — £38 „ „ „ „ Total, £341.	*Nil.*	£501.	£70. 16s. 8d.	No periodical inspection is made. The Secretary is responsible for the sanitary condition of the Hospital.	Fire buckets, hand grenades, &c., throughout the building, and outside iron balconies for communication between one ward and another.
NEW	3 Physicians and Surgeons — 1 with 18 beds, 1 „ 12 „, 1 „ 10 „; 3 „ for Out-Patients — „ no „; 3 „ „ Assistants — „ „ „	*Nil.*	1 Resident Medical Officer	£25 a year.	Free board; £4 a year in lieu of washing and beer.	1 Registrar — *Nil.* 1 Anæsthetist — £10. 10s. a year.	1 Secretary — £190, board, lodging, and washing. 1 „ Assistant — £40 „ „ „ Total, £140.	1 Dispenser — £95, partial board. 1 Porter — £30, board and lodging. 1 Cook — £20, board, lodging, washing, and uniform. 1 Kitchen Maid — £12 „ „ „ „ 2 Ward „ — £26 „ „ „ „ 2 House „ — £27 „ „ „ „ 1 Out-patient Maid — £15 „ „ „ „ 1 Scrubber, occasionally — 2s. a day. Total, exclusive of Scrubber, £225.	*Nil.*	£167.	£45. 11s. 6d.	A quarterly inspection is made by a man appointed. The Secretary reports to the House Committee on the sanitary condition of the Hospital.	There are hand grenades.
MISCELLANEOUS HOSPITALS:													
POPLAR, FOR ACCIDENTS	3 Surgeons — who take in weekly. 3 „ Assistants — with no beds.	*Nil.*	2 House Surgeons	1 at £100 a year, 1 „ £50 „	Free board; beer and washing provided.	*Nil.*	1 Chaplain — Honorary. 1 Secretary — £180, lunch.	2 Out-patient Porters — *No wages given.* 1 Cook — £25, board and lodging. 1 Kitchen Maid — £12 „ „ 2 House „ — £28 „ „ 2 Scrubbers — £67. 12s., partial board. Total, £132. 12s.	*Nil.*	£6.	£2.	The Surgeons are responsible for the sanitary condition of the Hospital.	There is a second staircase, fire buckets, and "Star" hand grenades.
BOLINGBROKE HOUSE	*No information has been received from this Institution.*												
ESTABLISHMENT FOR GENTLEWOMEN.	*No information has been received from this Institution.*												
HAMPSTEAD HOME	4 Physicians — with 5 beds each.	*No information given on this point.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Secretary — Honorary. 1 „ Clerk — £30, no allowances.	1 Page Boy — £10, and livery. 1 Cook — £20, board and lodging. 1 Kitchen Maid — £10 „ „ 2 Ward „ — £24 „ „ 2 House „ — £32 „ „ Total, £96.	*Nil.*	£176.	£49.	*No information given on this point.*	Hand grenades.
LADY GOMM'S	2 Medical Officers — 4 beds only.	*No information given on this point.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Chaplain — Honorary. 1 Secretary — „	*No information given. All services are voluntary.*	*No information given on these points.*			*No information given on this point.*	*No information given on this point.*
ST. JOHN'S AND ST. ELIZABETH'S, FOR INCURABLES.	1 Physician — 2 Surgeons — 80 beds, but no fixed number given to each member of the Staff.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	1 Chaplain — Honorary. All duties performed by the Sisters or others, but always gratuitously.	1 Errand Boy — £13, sometimes more. 1 Kitchen Maid — £7. 16s. „ All other services by Sisters.	*Nil.*	£250.	Parochial rates, £60. 18s. 9d.	No fixed inspection, but every care is taken, and, as a fact, no outbreak of any of the diseases considered to depend upon insanitary conditions have ever occurred.	Only the watching, which naturally results from Nurses being about the wards day and night.
WEST HAM	3 Surgeons — *number of beds not given*	*Nil.*	2 House Surgeons	£210. 18s.	Free board.	*Nil.*	1 Secretary — 1 „ Clerk — £100, no allowances. £26 „ Total, £126.	1 Dispenser — £91 1 Collector — £40 1 Cook — £20 1 Kitchen Maid — £10 1 House „ — £16 2 Ward „ — £26 1 Caretaker — £78 1 Porter — £39, board. Total, £325. *No information given as to allowances.*	*Nil.*	£60.	£10. 10s.	*No information given on this point.*	*No information given on this point.*

N.—Free and Part-pay Dispensaries in the Metropolis.—I. Notes in respect to Patients.

NAME.	Mode of Admission to Treatment.	Visiting.	CO-OPERATION. With Nursing Associations.	CO-OPERATION. With Hospitals.	Total Number of Patients at Dispensary in 1890.	Number of Attendances at Dispensary in 1890.	Number of Visits at Patients' own Homes in 1890.	PAYING PATIENTS. If Patients are invited to Pay.	For Attendances at Dispensary.	For Attendance at own Home.	For Medicines.	For Registration Fee.	MIDWIFERY. If payment is received for these Cases.	MIDWIFERY. What Number in 1890.	Total Amount received from Paying Patients in 1890.	What proportion does this amount bear to Total Expenditure in 1890.	Arrangements to supply Patients with Surgical Apparatus.	Are any large proportion of your Patients recipients of Poor Law Relief, and how is this ascertained?	By whom and on what evidence are Fees remitted?	Are Patients ever rejected; if so, on what evidence?	Give Particulars of Arrangements made to avoid Abuse.
SBURY - - -	Patients are admitted by subscribers' letters. If they come without they are referred to a subscriber or the local clergy, to whom letters are freely distributed.	They are visited at their own homes by a Resident Medical Officer if too ill to attend at the Dispensary.	The Dispensary pays £105 a year to the Metropolitan Nurses' Association for nursing Dispensary patients. No record is kept of those who are nursed.	The Dispensary contributes £26 5*s.* a year to the Middlesex Hospital, and so obtains letters of recommendation.	5,351	Average about 50 each day.	648	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	No.	*Nil.*	*Nil.*	*Nil.*	Dispensary subscribes £20 to the Surgical Aid Society.	Recipients of Poor Law Relief are not eligible.	*Nil.*	*Nil.*	*No information given on this point.*
ON - - -	Patients are admitted by subscribers' letters.	They are visited at their own homes by a Resident Medical Officer if too ill to attend at the Dispensary.	*No information given on this point.*	No.	4,318	10,224	3,418	Yes.	*Nil.*	*Nil.*	1*d.* for each supply of medicine.	*Nil.*	No.	*Nil.*	£90. 8*s.* 9*d.*	Rather less than one-seventh of the total expenditure.	*No information given on this point.*	*No information given on this point.*	*No information given on this point.*	*No information given on this point.*	*No information given on this point.*
EA - - -	Patients are admitted by subscribers' letters, but casual or urgent cases, if deserving, are treated without; those having a subscriber's letter are longer and more constantly treated than those without.	They are visited at their own homes by the Medical Officers when too ill to attend at the Dispensary.	Yes, with the Chelsea and Pimlico Nursing Association.	No co-operation, but very occasionally patients are referred to Hospitals.	4,295	17,609	5,577	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	No payment is received for these; patients require a subscriber's recommendation.	196	*Nil.*	*Nil.*	Surgical apparatus are given as requested by the doctors. The more extensive apparatus are obtained through the Committee.	No.	*Nil.*	Very seldom.	The Committee always inquire into patients' complaints, which generally come through the Governors who recommend them. No complaints were received in 1890.
F LONDON - -	Free patients are admitted by subscribers' letter.	Patients resident within a mile are visited at their own homes when required.	No.	No.	8,998	35,071	*Nil.*	Yes.	Subscribing patients pay 6*d.* a week.	*Nil.*	*Nil.*	*Nil.*	No.	*Nil.*	£839. 5*s.*	About seven-tenths of the total expenditure.	*Nil.*	*No information given on this point.*	*No information given on this point.*	*No information given on this point.*	*No information given on this point.*
AM - - - -	Patients are admitted by subscribers' letters and provident payment.	They are visited at their own homes when too ill to attend at the Dispensary.	No.	When patients are considered to require more special attention and operations they are referred to Hospitals, and advised as to the best Institution.	12,565	9,092	3,689	Yes.	1*s.* a week.	1*s.* a week.	*Nil.*	*Nil.*	No.	*Nil.*	£125. 10*s.* 6*d.*	*No information given on this point.*	Minor apparatus are supplied at cost price, or referred to the Hospital Sunday Fund.	No.	*Nil.*	*Nil.*	Inquiry as deemed necessary.
RS - - - -	Patients are admitted by subscribers' letters, but urgent cases are treated without.	They are visited, when too ill to attend the Dispensary, by the Resident Medical Officer, and when requisite, by the Physician and Surgeon.	No.	Patients are sent to Hospitals when the Medical Officer considers it is necessary, and are assisted in obtaining such further aid.	7,007	About 17,000	2,235	Yes.	6*d.* a month for parents and family.	6*d.* a month for parents and family.	1*d.* for each supply of medicine.	*Nil.*	Cases are treated on the recommendation of a Governor, but 2*s.* is charged, unless it is a case of poverty.	116	About £170.	About one-fourth.	Some are obtained from the funds of the Institution, and others through the Hospital Saturday and Sunday Funds, and from the City of London Truss Society.	No.	The fees are remitted by the Medical Officer treating the case.	Fees are charged.	The Governor's recommendation is a good check. There are visitors appointed by the Committee of Management, who attend at the Dispensary whenever they please.
GDON GENERAL	Patients are admitted by subscribers' letters.	They are visited by the Resident Medical Officer at their own homes when too ill to attend at the Dispensary.	No.	Patients are sent to Hospitals on the recommendation of the Physicians and Surgeons.	7 687	35,351	996	Yes.	Patients pay 6*d.* on a subscribers' letter, available for two months.	*Nil.*	2*d.* for each supply.	6*d.* for the Governor's letter.	Yes, 2*s.* 6*d.* for each case.	36	£367. 17*s.* 2*d.*	Rather more than half.	*Nil.*	No.	The members of the Medical Staff can remit such fees if patients appear too poor to pay.	*Nil.*	Each Governor's letter has printed on it in red ink that if used for the purpose of begging it will become void.
EY - - - -	Patients are admitted by Governors' letters.	The visiting of patients in their own homes is considered the more important part of the Dispensary's work. If patients are too ill to attend at the Dispensary they send their letter to the Medical Officer.	Yes, but the numbers nursed are very few.	No.	17,735	41,201	3,900	Yes.	*Nil.*	*Nil.*	1*d.* for each half-week's supply.	*Nil.*	No.	*Nil.*	£313. 18*s.*	The expenses were £858.	Letters given by the Hospital Saturday and Sunday Funds.	No	*Nil.*	*Nil.*	The letters of recommendation given by the Governors state that the patient is a "proper object of relief for this Charity." Cases of attempted imposture are very rarely met with at this Dispensary.
AY AND NORTH GTON.	Governors' letters are necessary, except in cases of urgent illness.	Patients too ill to attend at the Dispensary are visited principally by the Resident Medical Officer, but also by the Honorary Staff.	No.	Slight co-operation exists, patients being occasionally sent to the out-patient department, and more frequently to the wards, of the Hospital, with a letter or card to one of the Hospital Medical Staff.	6,410	20,626	8,024	Yes.	*Nil.*	*Nil.*	2*d.* for each supply.	Yes; 6*d.* for the first "letter"; for subsequent "letters" if presented within expiration of the last, or for member of same family within that time, 1*d.*	No.	*Nil.*	£363. 8*s.* 5*d.*	Just over one-third.	Sometimes these are supplied at half cost price; in other instances patients are referred with letter to the Surgical Aid Society, City of London Truss Society, or Hospital Sunday Fund.	No.	*Nil.*	*No information given.*	Only by the Governor's letters.
ART FOR CON- TION.	Governors' letters are necessary.	Patients too ill to attend at the Infirmary are attended at their own homes by the Visiting Physician. This part of the work is considered the more important.	No.	No.	2,218	17,019	1,468	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	No.	*Nil.*	*Nil.*	*Nil.*	"Letters" are obtained by the Secretary.	Cannot say.	*Nil.*	*Nil.*	If on inquiring into the patients occupation it is found that they are able to pay for advice, they are recommended to seek the aid of some local practitioner.
ON - - -	Governors' letters are necessary.	If too ill to attend at the Dispensary patients are visited by the Resident Medical Officer.	No.	No; but patients are occasionally referred for admission to the wards.	18,458	57,299	4,144	Yes.	Patients attending in the evening pay 6*d.* for each attendance.	6*d.* for the first visit, 2*d* for subsequent ones.	3*d.* for first prescription, 1*d.* for subsequent ones.	*Nil.*	No.	*Nil.*	£662.	About two-thirds.	*Nil.*	No.	*No information given on these points.*	Governors' letters the only check to abuse.

N.—Free and Part-pay Dispensaries in the Metropolis.—I. Notes in respect to Patients—*continued.*

NAME.	Mode of Admission to Treatment.	Visiting.	CO-OPERATION. With Nursing Associations.	CO-OPERATION. With Hospitals.	Total Number of Patients at Dispensary in 1890.	Number of Attendances at Dispensary in 1890.	Number of Visits at Patients' Own Homes in 1890.	PAYING PATIENTS. If Patients are Invited to Pay.	For Attendance at Dispensary.	For Attendance at own Home.	For Medicines.	For Registration Fee.	MIDWIFERY. If Payment is received for these Cases	MIDWIFERY. What Number in 1890.	Total Amount received from Paying Patients in 1890.	What Proportion does this Amount bear to Total Expenditure in 1890.	Arrangements to supply Patients with Surgical Apparatus	Are any large proportion of your Patients recipients of Poor Law Relief, and how is is this ascertained?	By whom and on what Evidence are Fees remitted?	Are Patients ever rejected; if so, on what evidence?	Give Particulars of Arrang made to avoid abuse
KENSINGTON	Governors' letters are necessary, except in urgent cases.	Patients too ill to attend at the Dispensary are visited by the Resident Medical Officer, provided they live within the area. This part of the Dispensary's work is considered the more important.	Yes, with the District Nursing Association, to which a fixed annual amount is paid by the Dispensary; about 20 per cent. of those visited are so nursed.	No true co-operation; cases are occasionally referred to the Hospitals.	4,885, including 1,053 dental cases.	10,786	9,084	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	No.	*Nil.*	*Nil.*	*Nil.*	When practicable they are obtained through the Surgical Aid Society; if not, by purchase, patient paying half the cost.	No; such persons are ineligible.	*Nil.*	Occasionally.	The Medical Officer inquir if patients are found to well-to-do, they are tended to.
KILBURN GENERAL	Governors' letters are necessary, except in cases of accidents, diarrhœa, and dental cases.	Patients too ill to attend at the Dispensary are visited by the House Surgeon, at his discretion.	No.	No; occasionally cases are referred to Hospitals.	2,269	Difficult to state exactly; 12,056 prescriptions dispensed.	5,361	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	No.	*Nil.*	*Nil.*	*Nil.*	Subscription to the Surgical Aid Society. Splints, bandages, enemas, &c., are supplied as medicines free.	Practically free.	*Nil.*	No.	Governors' letters are the check.
LONDON	Patients are admitted by subscribers' letters.	Patients unable to attend at the Dispensary are visited at their own homes by the Medical Officer. The attendance at the Dispensary is considered the most important part of the work.	*Nil.*	Occasionally patients are sent to the London Hospital.	2,370	9,465	547	There is a Patients' Box to which they may subscribe.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	£4. 4*s.* 7*d.* were placed in Patients' Box.	*Not given.*	*Nil.*	Scarcely any.	*Nil.*	*Not given.*	*No information given*
LONDON MEDICAL MISSION.	No letters are required for treatment.	Patients too ill to attend are visited by Doctors and Nurses. This is considered the more important part of the work.	No.	Yes, for admission to the wards.	3,866	15,564	8,427	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	Yes.	*Nil.*	*Nil.*	Observation as to need of advice, &c.
SOUTH LONDON MEDICAL AID INSTITUTE.	No letters are required for treatment.	Patients too ill to attend at the Dispensary are attended at their own homes by the Medical Officer.	No.	The Medical Officer makes arrangements with the nearest Hospital in cases of need.	9,203	12,612	3,001	Yes.	1*s.* for first visit, 6*d.* for subsequent visits.	1*s.* each.	*Nil.*	*Nil.*	Yes; members pay 10*s.*; non-members 15*s.*	*No information given.*	£379. 9*s.* 7*d.*	About half.	5 per cent. of the members' payments is put on one side for this purpose.	No.	In long illnesses half fees are accepted.	*No information given.*	*No information given*
ST. MARYLEBONE GENERAL	Subscribers' letters are necessary except for paying patients; casual cases are seen once without payment.	Patients are visited at their own homes by the Resident Medical Officer within the visiting area when they are unable to attend at the Dispensary.	No settled arrangement, but the officers of the charity are in touch with the nurses employed by the clergy of the district, and others.	Patients are occasionally referred to the Hospitals for admission to the wards.	2,080	13,592	5,377	Patients without a letter pay 1*s.* 6*d.* per week and 6*d.* a week each for other members of the same family. This payment pays all the expenses under the next three heads.	*See* first column 'Are patients invited to pay?'	*See* first column, 'Are patients invited to pay?'	*See* first column, 'Are patients invited to pay?'	*See* first column, 'Are patients invited to pay?'	If patients do not bring a subscriber's letter they pay 7*s.* 6*d.* by instalments.	*Not given.*	£300. 15*s.* 6*d.*	About three-eighths.	Surgical instruments to a small amount are supplied from the Samaritan Funds.	*Nil.*	The Honorary Staff and Officers of the charity to admit any patient, whether by Payment or by letter, whom they thought by appearances or position afford to pay for medical treatment, and the circ of patients are enquired into if it is suspected the is being abused. If this is considered to be the patient is rejected and a fresh letter returned to scriber who recommended the patient, giving the the rejection.	
METROPOLITAN	Governors' letters are necessary.	Patients too ill to attend at the Dispensary are attended by the Resident Medical Officer, provided they live within the prescribed limits.	No.	No.	9,090	24,612	3,210	No.	*Nil.*	*Nil.*	2*d.* for each supply of medicine.	*Nil.*	No.	55	£205. 0*s.* 6*d.*	About one-third.	Supplied by the Dispensary if not too expensive; if costly, patients are referred to the Surgical Appliance Society.	No.	*Nil.*	No.	The letters of recommen from the Governors are a check.
PORTLAND TOWN	No letters are necessary.	Patients too ill to attend at the Dispensary are visited by the House Surgeons and Honorary Surgeons. This is considered the most important part of the work.	No, but Nurses are obtained from the Marylebone and Paddington District Nursing Association when necessary.	No, but cases are occasionally sent to the wards of General and Special Hospitals.	1,413	3,219	1,022	No.	*Nil.*	*Nil.*	1*d.* a bottle.	*Nil.*	No.	*Nil.*	*Nil.*	*Nil.*	If there are no suitable apparatus on hand, the matter is brought before the Committee.	Only a few.	*Nil.*	Only on non-compliance with rules.	A card is granted by the mittee for twelve months investigation of each case.
PUBLIC	Governors' letters are necessary.	Patients too ill to attend at the Dispensary are visited at their own homes by the Resident Medical Officer. This is considered the most important part of the work.	No, but cases are occasionally nursed by ladies and trained nurses.	No, but cases are occasionally sent to the wards of Hospitals to give better opportunities for continued treatment.	3,086	17,820	2,080	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	No.	*Nil.*	*Nil.*	*Nil.*	A letter for the Surgical Aid Society is obtained.	A note is printed on the 'letters' requesting that it may not be given to any one receiving parochial relief, but there is no rule excluding such patients.	*Nil.*	No.	The discretion of the Gov and officers is relied on.
QUEEN ADELAIDE	Governors' letters are necessary.	Patients too ill to attend at the Dispensary are visited at their own homes by the House Surgeon on the recommendation of subscribers or Medical Staff. Attendance at the Dispensary is considered the most important part of the work.	No.	No.	4,245	25,134	1,281	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	A few.	*Nil.*	No.	Subscribers' knowledge of cants.

N.—Free and Part-Pay Dispensaries in the Metropolis —I. Notes in respect to Patients—*continued*.

NAME.	Mode of Admission to Treatment.	Visiting.	CO-OPERATION. With Nursery Associations.	CO-OPERATION. With Hospitals.	Total Number of Patients at Dispensary in 1890.	Number of Attendances at Dispensary in 1890.	Number of Visits at Patients' own Homes in 1890.	PAYING PATIENTS. If Patients are invited to Pay.	For Attendance at Dispensary.	For Attendance at own Home.	For Medicine.	For Registration Fee.	MIDWIFERY. If payment is received for these Cases.	MIDWIFERY. What Number in 1890.	Total amount received from Paying Patients in 1890.	What Proportion does this amount bear to Total Expenditure in 1890.	Arrangements to supply Patients with Surgical Apparatus.	Are any large Proportion of your Patients recipients of Poor Law Relief, and how is this ascertained?	By whom and on what evidence are Fees remitted?	Are Patients ever rejected; if so, on what evidence?	Give Particulars of Arrangements made to avoid Abuse.
Free, Pimlico	Letters are required, but if urgent cases come without them they are procured for them.	Patients too ill to attend at the Dispensary are visited by the attending Medical Officer. This home visiting is considered the more important part of the work.	No.	No, but special cases requiring operations are sent to the Hospitals.	Not recorded.	934	About 137	Yes.	*Nil.*	*Nil.*	1*d.* for each supply of medicine.	*Nil.*	No.	*Nil.*	£8. 14*s.* 2*d.*	About one-fiftieth part.	*Nil.*	No.	Evidence of the Registrar as to destitution.	Not unless they appear able to pay private medical fees.	Each patient, whether single or married, has to answer questions as to occupation and employment, &c., and to sign the same, giving the name of the Governor who recommends them.
Maternity rity.	Governors' letters are necessary.	Yes.	No, but ladies visit these cases.	No.	*Nil.*	*Nil.*	3,325	No	*Nil.*	*Nil.*	*Nil.*	*Nil.*	No.	3,325	*Nil.*	*Nil.*	*Nil.*	Some are paupers.	*Nil.*	No.	Nothing beyond the recommendations from the Governors and the marriage certificates.
South London	Governors' letters are necessary.	Patients too ill to attend at the Dispensary are visited at their own homes if living within the prescribed area.	No.	No.	5,053	14,460	12,000	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	No.	*Nil.*	*No information given on these points.*	
orge's and St. s.	Governors' letters are necessary, unless patients are recommended by one of the Medical Staff.	Patients too ill to attend at the Dispensary, if living within the prescribed area, are visited by the Resident Medical Officer.	No.	No.	3,983	5,965	About 2,500	Yes.	*Nil.*	*Nil.*	1*d.* for each bottle of medicine.	*Nil.*	No.	*Nil.*	*Not given.*	*Not given.*	*Nil.*	Not a large number.	*No information given on these points.*		
Lambeth, &c.	Governors' letter are required.	Patients too ill to attend at the Dispensary, and who live within the prescribed area, are visited at their own homes by the District Medical Officer.	No.	No.	2,817	9,304	7,555	Yes.	1*s.* for each letter.	2*s.* for the first fortnight, and 1*s.* for each succeeding week for each letter. If more than one member of a family be attended in the same house, each additional member 1*s.* 6*d.* a month.	*Nil.*	*Nil.*	No.	*Nil.*	£242. 9*s.*	About 37%	*Nil.*	No.	*No information given on these points.*		
ncras and Nor- n.	Governors' letters are required.	Patients too ill to attend at the Dispensary, and residing within a mile from it, are visited by the Resident Medical Officer.	No.	No.	5,693	Not recorded.	3,142	Yes.	*Nil.*	*Nil.*	2*d.* a week for medicine.	2*d.* for dental cases.	Yes.	*Not given.*	£102. 16*s.* 8*d.*	1*s.* 6*d.*	*Nil.*	Cannot say.	None are remitted.	*No information given on these points.*	
ord Hill	Governors' letters are required, except in cases of urgency.	Patients too ill to attend at the Dispensary, and who live within the prescribed area, are visited at their own homes by the Honorary or Resident Officers, or both. This part of the Dispensary work is considered undoubtedly the more important.	No.	No co-operation, but patients requiring operations are referred to the Hospitals.	8,304	35,360	9,431	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	The proportion is supposed to be very small, but there are no means of acquiring accurate knowledge on the subject.	*Nil.*	*No information given on these points.*	
- - - -	Governors' letters are required.	Patients too ill to attend at the Dispensary are visited their own homes by the Medical Officer under whose care they are placed.	No.	*No answer given.*	9,697	12,301	2,102	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	No.	442	*Nil.*	*Nil.*	*No information given on these points.*			*No information given on these points.*	
Hamlets - -	Governors' letters are necessary.	Patients will be visited at their own homes if their cases require it, providing they live within the prescribed area.	No.	*No answer given.*	2,425	Not recorded.	1,033	Yes.	6*d.* for the first visit and 3*d.* for every subsequent one.	6*d.* each visit.	*Nil.*	*Nil.*	Yes, for some of them.	200	£104. 3*s.* 6*d.*	Less than one-fifth.	*Nil.*	Cannot say.	*No information given.*		Governors' letters the only check.
n General - -	Governors' letters are necessary, except for casual patients, who are seen and prescribed for at once.	Patients too ill to attend at the Dispensary are visited by one of the Resident Medical Officers, and by one of the Honorary Staff when necessary.	Have a Nurse of their own, but co-operate with Nurses' Institution, who send Nurses to attend on fever cases.	No.	18,336 including casuals.	39,715	6,605	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	Yes.	111	*Nil.*	*Nil.*	*Nil.*	Very many are paupers, but not a very large proportion.	*Nil.*	They are only rejected if it is provided that they are not indigent persons.	Governors' letters the only check.
ster General -	Letters of recommendation are necessary, except in cases of emergency.	Patients too ill to attend at the Dispensary are visited at their own homes by the Home Surgeon. This part of the Dispensary work is much valued and considered very important.	Yes, with a local Nursing Association. Nurses are sent to patients on the request of the House Surgeon.	No true co-operation.	4,670	23,449	2,315	Yes; patients may buy a letter for 1*s.* to last 14 days, and may renew for 6*d.* to last another 14 days. A subscriber's letter may also be renewed by payment of 6*d.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	No.	*Nil.*	£56. 16*s.*	About one-eighth.	*Nil.*	No means of ascertaining, but subscribers' letters state that the bearer should not be in receipt of parish relief.	*Nil.*	Very seldom, and only if they are evidently improper persons to receive charity.	No special arrangements are made, but all the officers unite in keeping the Charity free from any *gross* abuse. A system so perfect as to prevent *all* abuse would probably absorb all the income.

N.—Free and Part-Pay Dispensaries in the Metropolis.—II. Notes of Management, Medical Staff, and Finance.

NAME.	Management.	Qualifications and Privileges of Governors.	Area of Work.	HONORARY MEDICAL STAFF.						RESIDENT MEDICAL OFFICERS.				Officials and Servants: Salaries and Allowances.	FINANCE.				RATES.		Miscellaneous.
				No. of Visiting Doctors.	Allowance (if any).	Qualifications of.	By whom appointed.	If in General Practice.	If they serve on the Committee.	Retiring Age.	No. of.	Salary and Allowances.	Duties of.	Qualification and by whom appointed.		What amount of Income derived from Endowments.	Amount received by Voluntary Contributions in 1890.	Grants from Hospital Saturday and Sunday Funds in 1890.	Samaritan Fund.	Assessment.	Annual Sum paid.	
BLOOMSBURY	By a Committee of 12 Governors. It meets monthly for the purpose of the administration of the Charity, appointment of officers, &c. Three members form a quorum.	A donation of £10 or subscriptions of 1 guinea or more entitles Governor to letters of recommendation.	The area of work is limited, and the boundaries are Euston Road, Gray's Inn Road, Lincoln's Inn Fields, Charlotte Street, Fitzroy Square. This limit is for visiting purposes only; otherwise free to all.	One Physician and one Surgeon. The former attends on Monday, Wednesday, and Friday, from 12 to 1, and the latter on Tuesday, Thursday, and Saturday, from 12 30 to 1.	100 guineas is allowed to each.	The usual first-rate qualifications.	The Committee of Managers.	Both are in general practice.	Yes.	*Nil.*	One.	£150 per annum and lodging.	The ordinary duties of the post.	The usual qualifications. They are appointed by the Committee.	There is a Secretary, whose salary is £100 per annum; a Dispenser, whose salary is £100; a Collector, whose salary is 10 guineas and 6% commission; and a Housekeeper, who receives 35s. a week and lodging. The Secretary is appointed by the Committee and performs the usual duties.	Nearly all. £1,165. 0s. 9d. dividends in 1890.	About £150.	*Nil.*	About £50 a year is spent from this fund.	*Not given.*	£17. 15s. 9d.	*Nil.*
BRIXTON AND STREATHAM	By a Committee consisting of the President, Treasurer, Honorary Medical Officers, and 24 members. It meets quarterly to conduct business, give receipts for money, make payments to Medical Officers, &c. Three members who are non-medical men form a quorum.	Donors of 10 guineas and upwards are Life Governors, and receive 12 letters of recommendation annually, and ministers who give through the pulpit annually are also entitled to letters.	Brixton, Streatham Hill, Herne Hill, Tulse Hill, and Angell Town. Only patients residing within this area are visited or received at the Dispensary.	Nine Medical Officers, who attend on Monday, Tuesday, Thursday, and Saturday, at 11, and Wednesday and Saturday at 11.	*Nil.*	*No information given.*	The Committee.	Eight are in general practice.	Yes.	*Nil.*	One.	£150 per annum and board and washing.	To receive patients at the Dispensary from 9 to 10 a.m., and then visit patients in their own homes.	Member of the Royal College of Surgeons and Licentiate of the Royal College of Physicians.	There is a Secretary, who receives £20 a year, no allowances; a Dispenser, who receives £100, with washing allowed; a Collector, who receives £15; and a Porter, £20. The Secretary is appointed by the Committee, and attends meetings and collects subscriptions.	£18 received from dividends in 1890.	£305 8s. 9d. from subscriptions, £38. 8s. from Haydn's Charity, £104. 16s. 1d. from collections and offertories. Total, £448. 9s. 10d.	Hospital Sunday Fund £46. 17s. 6d. and Saturday Fund, £42. 3s.	*Nil.*	£42.	£18. 19s. 8½d.	*Nil.*
CHELSEA, BROMPTON, AND BELGRAVE	By a Committee of 24 members, who must be Governors. It meets once a month as occasion requires, and a General Meeting of the Governors once a year. Five form a quorum for General Meeting of Governors, and 3 for a Committee Meeting. They manage the affairs generally of the Institution, subject to the control of the General Meeting.	Payment of 1 guinea annually constitutes a Governor. For each guinea they are entitled to have 2 patients constantly on the books, and to recommend 1 midwifery case in the year. Donation of £10 10s. constitutes a Life Governor, with the same privileges.	Eastward, commencing at Hyde Park Corner, down Grosvenor Place to the bottom of Lower Grosvenor Gardens. Southward, from the bottom of Lower Grosvenor Gardens, along Buckingham Palace Road to Ebury Bridge, thence down the Grosvenor Canal to the Thames, along the Thames to the western boundary of the Parish of Chelsea. Westward, western boundary of the Parish of Chelsea to Stamford Bridge, thence to the Cemetery and Richmond Road, along Gloucester Road to Kensington Road. Northward, from Gloucester Road along Kensington Road and Knightsbridge to Hyde Park Corner. Home visits confined to this area. Patients are received beyond this area if recommended by Governors, and if deserving, without recommendation.	Two Physicians, who attend on Monday, Wednesday, Thursday, and Saturday, at 11 o'clock; Two Surgeons, who attend on Monday, Wednesday, Thursday, and Saturday at 3 o'clock; 2 Obstetric Surgeons, who attend on Tuesday at 11.30, and Friday at 3 o'clock; 1 Surgeon for the eye and ear attends on Friday at 11.30. A Surgeon to the western district attends cases at their homes, and superintends midwifery cases in his district.	*Nil.*	Physicians must be duly qualified by the College of Physicians, London, and Surgeons must be Members of the Royal College of Surgeons of London, Edinburgh, Dublin, or Army or Navy Surgeons.	By the General body of Governors.	Two are in general practice.	Yes.	*Nil.*	One.	In 1890 the House Surgeon, who acts as Secretary, was paid £150, which includes £20 for coals and candles for Dispensary use, and an allowance for washing.	The combined duties of Secretary and House Surgeon. The care of patients' rooms and attendance on doctors.	Registered double qualifications; appointed by the general body of Governors.	The Secretary does the combined duties of House Surgeon and Secretary, and in 1890 received £150, which includes £20 for coals and candles for Dispensary use and attendance. 1 Dispenser, who receives £78. Collector receives 5% on subscriptions and 10% on new subscriptions. 1 Porter receives £21. In 64 7 Midwives receive 25. 6d. each case; this amounted to £45 in 1890. The Secretary and House Surgeon is appointed by the general body of Governors.	£175. 18s. received in 1890 from dividends.	£426. 12s. 10d. exclusive of Sunday and Saturday Funds and grants.	£93 in 1890. £46. 17s. 6d. from Sunday Fund, and £40 3s. from Saturday Fund.	*Nil.*	*Not given.*	Poor rates and taxes, £18. 4s. 7d.	*Nil.*
CITY OF LONDON AND EAST LONDON	By a Committee of 10 members, which meets every two or three months, or oftener if necessary, to conduct the general affairs of the Institution. Three members form a quorum.	A donation of 5 guineas and upwards constitutes a Life Governor, who is entitled to have 1 patient upon the books for every five guineas he subscribes. Ministers granting their pulpits, or preaching in favour of the Institution, are considered Life Governors, provided the amount collected be equal to the value of a Life Governorship. An annual subscription of half-a-guinea and upwards constitutes a Governor, who is entitled to have 1 patient upon the books for every half-guinea he subscribes.	Open to all comers from any distance. Patients are visited at their own homes within one mile of the Dispensary.	Three Physicians. The first attends on Monday from 8 to 6 p.m., and Wednesday at 7 p.m. The second on Tuesday and Friday at 1 p.m. The third on Monday and Thursday at 1 p.m., and Friday at 6 p.m.	They receive one-third of the subscribing members' payments.	Must have the highest qualifications.	By the Committee.	All are in practice.	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	There is a Secretary, who is appointed by the Committee to superintend and manage the Institution and keep the accounts, who receives a salary of £60 per annum; a Clerk, who is paid £26; a Dispenser, who is paid £100, and his Assistant £36. The Collector receives 5 per cent. commission on collection, and the Housekeeper and Porter receive £52 a year for their combined services.	£22. 18s. 10d. received in 1890 from dividends.	£90. 18s. 9d.	£26. 0s. 10d. from the Hospital Sunday Fund and £33 10s. 0d. from the Hospital Saturday Fund.	*Nil.*	£53.	About £175.	*Nil.*
CLAPHAM GENERAL	By a Committee consisting of the President, the Vice-Presidents, the Treasurer, the Medical Officers, the Honorary Secretary, and 12 Governors elected at the Annual Meeting. It meets monthly to direct the management of the whole of the affairs of the Dispensary. Three members form a quorum.	A donation of 10 guineas constitutes a Life Governor, and a subscription of 1 guinea an Annual Governor. Both are entitled to 12 free and 12 provident letters.	The Clapham District and its immediate neighbourhood. This area is, however, elastic, as a person with a subscriber's letter would be very rarely refused.	Four General Practitioners, 2 of whom attend at the Dispensary on Mondays and Thursdays at 10 and 11 a.m., 1 on Tuesdays and Fridays at 10 a.m., and 1 on Wednesdays and Saturdays at 9 a.m.	A portion of the fees of the Provident Members is paid to them, but no other salary: in 1890 they received £125 19s. 6d.	They must be duly qualified and enrolled by the Medical Act.	By the Governors.	All.	Yes.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	An Honorary Secretary, who performs all the usual duties of the office; he is appointed by the Committee and confirmed by the Governors. A Dispenser, who acts as Collector; he receives £90 a year salary and certain allowances in addition to his commission as Collector; these amounted to £18 8s. in 1890, and his commission to £12 7s.	*Nil.*	£221 19s.	£36. 0s. 2d. from Hospital Sunday and £44. 17s. from the Hospital Saturday Funds.	*Nil.*	£10 gross. £8 nett.	About £75.	*Nil.*
EASTERN	By the Governors and a Committee of Management; the latter consists of 21 persons elected annually at a General Meeting of Governors. Life Governors and others may attend the Committee and vote. It meets monthly to conduct the affairs of the Institution. The Governors have an Annual General Meeting, and Special General Meetings are held when required. Five Governors form a quorum of a General and three a quorum of a Committee Meeting.	A donation of 10 guineas constitutes a Life Governor, and an annual subscription of 1 guinea a Governor. They are entitled to have two patients on the medical or surgical list at a time, and 1 lying-in patient in the year. Governors who contribute larger sums can have a proportionately increased number of patients.	The area is within the following limits: From London Bridge to Limehouse (by the river), thence round Limehouse Church, through the Commercial Road, up the New Road, including the whole of Whitechapel Parish, then Aldgate High Street and Houndsditch to Bishopsgate Church, and thence to London Bridge. Patients living outside these limits may be attended at the Dispensary, but will not be visited at their own homes.	One Physician, who attends at the Dispensary on Tuesdays and Fridays at 2 p.m.; 1 Surgeon, who attends on Mondays and Thursdays at 2 p.m.	£50 each. In 1890 they received together £122 10s.	The Physicians must be Fellows or Members of a Royal College of Physicians in the United Kingdom. The Surgeon must be a Fellow or Member of a Royal College of Surgeons in the United Kingdom.	By the Governors.	No.	No.	*Nil.*	One.	He has a salary and gratuity, together £143, and attendance.	He dispenses; attends patients who are too ill to come to the Dispensary; receives all cases of emergency.	He must have a double qualification. He is appointed by the Committee for one year.	A Secretary, who performs the usual duties of the office and receives a salary of £30; no allowances. A Collector, who gets about £8 a year. A man and his wife live on the premises; the man acts as messenger and attends to the hall, the wife waits on the R.M.O. They keep the Institution clean. The Secretary is elected annually.	In 1890 £225. 8s. 2d. were received from dividends.	£176 13s. 9d. were received in 1890 from donations and collections, and £137 11s. from subscriptions. Total, £314 4s. 9d.	£31. 8s. from the Sunday Fund, £45. 3s. from the Saturday Fund.	There is a Samaritan Society in connection with the Institution. It expended in 1890 £17 8s. 10d. for meat, milk, eggs, wine, and brandy for 243 people. A gratuity of five guineas was given to R.M.O. out of this fund.	£100.	About £18.	*Nil.*
FARRINGDON GENERAL	By a Committee of 12 members, with the Treasurer as chairman. It meets monthly to examine and pass all accounts, elect the Medical and other officers, and generally to supervise the affairs of the Institution. Three members form a quorum.	Life Governors of 10 guineas and annual subscribers of 1 guinea are entitled to 12 letters of recommendation and 1 midwifery card, or 18 letters without card.	Patients come to the Dispensary from all parts of London and the suburbs, but only those who live within a distance of half a mile from the Dispensary are visited at their own homes.	Four Physicians, 1 Physician Accoucheur, 2 Surgeons. The hours for attendance at the Dispensary are 10 a.m. and from 1 to 4 p.m. Drugs can be obtained from 9 a.m. to 4 p.m.	*Nil.*	Physicians must be Graduates in Medicine and Members of the Royal College of Physicians. The Surgeons must be Fellows of the Royal College of Surgeons.	The Committee.	Yes.	Yes.	*Nil.*	One.	His salary is £150 a year. In 1890 he received £156 6s. No allowances.	He looks after the patients who attend at the Dispensary and visits in their own homes those who are too ill to come to the Dispensary.	He must be a Member of the Royal College of Surgeons and a Licentiate of the Apothecaries Society, or a Licentiate of the Royal College of Physicians. He is appointed by the Committee.	A Secretary who performs the usual duties of the office; he is appointed by the Committee and receives a salary of £50 a year. A Dispenser, who has a salary of £100 a year; in 1890 he was paid £112. A Collector who is paid a commission on the amount he collects. A Housekeeper, who is paid £24 a year.	*Nil.*	£156 15s., £100 of which was a legacy.	£46. 17s. 6d. from the Sunday Fund, and £44. 17s. from the Saturday Fund.	*Nil.*	*Not given.*	About £18.	*Nil.*
FINSBURY	By a Committee of not less than 20 members, elected at the Annual Meeting. It meets quarterly to conduct the business of the Institution. Three members form a quorum.	A donation of 5 guineas constitutes a Life Governor, an annual subscription of half-a-guinea a Governor. The former is entitled to 24 letters and the latter to 12.	The district within which patients are visited is as follows:—N.W. end of Gray's Inn Road to Holborn, thence to Gilleput, Street, across Smithfield to Finsbury Square, up the City Road, ending N.W. end of Gray's Inn Road.	Two Physicians, 1 Surgeon. The former attend on Tuesdays and Fridays, and Mondays and Thursdays, at 12 noon; and the Surgeon on Saturday at 12 noon.	They received £139 in 1890.	Physicians and Surgeons must be Fellows or Members of their respective Colleges and registered. They must not practise Pharmacy.	The Committee.	No.	Yes; *ex-officio* members.	*Nil.*	One.	He has an Assistant, and their joint salaries are £170. No allowances.	He assists the Medical Officers in prescribing for the patients both at their homes and at the Dispensary. He superintends and is responsible for the dispensing, &c., &c.	He must be a L.R.C.P. or L.S.A. and M.R.C.S. and must be registered. He is appointed by the Governors.	An Hon. Secretary, who does all the usual duties of the office; he is appointed by the Committee. One Dispenser, who has a salary of £70 a year, no allowances. A Collector who receives 5 per cent. on old and 10 per cent. on new subscriptions; in 1890 he was paid £17. A Housekeeper, with £20 a year, lodging, coal, and gas. One Charwoman, £20 a year; and 1 Porter, £30 a year, lodging, coal, and gas.	In 1890 £108. 13s. 6d. were received from dividends and interest.	£330 7s. 2d. were received from subscriptions and donations, and £207 from a Festival. Total £543. 7s. 2d.	£57. 8s. 10d. from the Sunday Fund, and £53 16s. from the Saturday Fund.	*Nil.*	£16.	About 6s. 8d. in the £.	*Nil.*

N.—Free and Part Pay Dispensaries in the Metropolis.—II. Notes of Management, Medical Staff, and Finance—*continued*.

NAME.	Management.	Qualifications and Privileges of Governors.	Area of Work.	HONORARY MEDICAL STAFF.						RESIDENT MEDICAL OFFICERS.				Officials and Servants; Salaries and Allowances.	FINANCE.				RATES.		
				Number of Visiting Doctors.	Allowance (if any).	Qualifications of.	By whom Appointed.	If in General Practice.	If they Serve on the Committee.	Retiring Age.	No. of	Salary and Allowances.	Duties of.	Qualification and by whom appointed.		What Amount of Income derived from Endowments.	Amount received by Voluntary Contributions in 1890.	Gratis from Hospital Saturday and Sunday Funds, in 1890.	Samaritan Fund.	Assessment.	Annual Sum paid.	Educational.
...D NORTH ISLINGTON -	By a Committee of not less than 10 Governors, with the President, Vice-Presidents, Trustees, Treasurer, and Honorary secretary. It meets monthly to transact the general business of the Dispensary. Three members form a quorum.	A donor of 10 guineas at one time or within two years is a Life Governor, with the right of having 20 letters of recommendation annually. An annual subscriber of 1 guinea is a Governor with the same rights.	The district of Holloway and North Islington, including Highbury and Ball's Pond. Patients living without this area may attend at the Dispensary, but will not be visited at their homes.	Eight General Practitioners. They give attendance at the Central Dispensary 3 to 6 p.m., and at the three Branches as follows:—Rupert-road, Monday 9.30 a.m., Tuesday and Friday 11.30 a.m.; Riversdale, Tuesday, Wednesday, Friday, and Saturday at 2 p.m.; Ball's Pond-road, Monday, Wednesday, Friday, and Saturday at 5 p.m.	*Nil.*	They must possess a double qualification, and must be registered.	The Committee.	Yes.	Yes.	*Nil.*	One.	His salary, with allowance for servant, was £187. 16*s.* in 1890-91.	He visits the home cases from the Central Dispensary. He sees patients in the absence of the Staff, and assists the Honorary Secretary.	He must have registered Medical and Surgical qualifications. He is appointed by the Committee for a period not exceeding 5 years.	An Honorary Secretary, whose duties are not defined. A Dispenser and an Assistant; in 1890 they received between them £161. 17*s.* A Collector, who is paid by commission, and was paid in 1890 £17. 5*s.* 9*d.* Three House-keepers, one for each Branch. The accounts do not show that they received any wages, nor do they show wages of General Servant at Central Dispensary.	In 1890-91 £44 9*s.* 2*d.* were received from dividends.	£236. 13*s.* 4*d.* were received from subscriptions and donations, and £48. 3*s.* 6*d.* from collections in 1890-91. Total, £284. 16*s.* 10*d.*	£72. 18*s.* 4*d.* from the Sunday Fund, and £49. 5*s.* from the Saturday Fund.	There is a Convalescent Fund, to which in March 1890 £88. 18*s.* 8*d.* were transferred from the Dispensary Fund, of which sum £50. 19*s.* 8*d.* was spent on meat, wine, and milk. £8. 8*s.* subscription to Holloway Soup Kitchen, and £3 3*s.* was spent in Convalescent aid.	The four establishments at £113.	*Not given.*	Occasionally students attend at the Dispensaries. No lectures are given.
...OR CONSUMPTION - -	By a Committee of 12 or more Governors elected at the Annual General Meeting. It meets monthly to transact all the ordinary business of the Institution. Three Governors form a quorum.	A donor of 10 guineas at one time is a Life Governor; an annual subscriber of 1 guinea is a Governor. Both Life and ordinary Governors are entitled to 6 letters a year.	Patients are not visited at their own homes if they live beyond one mile from the Dispensary, but those who attend at the Dispensary can come from any district.	Three Physicians, 5 Visiting Physicians, 1 Surgeon. Each of the first attend twice a week. The second visits patients at home when called upon. The last attends when required.	*Nil.*	The Physicians must be Fellows or Members of the Royal College of Physicians of London. Surgeon must be F.R.C.S. of the United Kingdom, or M.S. of one of the Universities.	By the Governors at a general meeting.	Only one of the Visiting Physicians is in general practice.	Yes.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	A Secretary, who performs the usual duties of the office; his salary is £70 a year; he is appointed by the Committee. A Dispenser, whose salary is £39 a year; in 1890 he received £43. 2*s.* 6*d.* A Collector, who receives a commission; in 1890 he was paid £9. 6*s.* 8*d.* One Charwoman, with wages of £13 a year.	In 1890 £26. 16*s.* 4*d.* were received from dividends.	£137. 1*s.* 6*d.* were received from subscriptions and donations, and £37. 11*s.* from collections in 1890. Total, £194. 12*s.* 6*d.*	£10. 8*s.* 4*d.* from the Sunday Fund, and £162. 7*s.* from the Saturday Fund.	*Nil.*	£84.	£21. 10*s.* 6*d.*	*Nil.*
- - - - - -	By a Committee of 25 Governors elected at the Annual General Meeting. It meets monthly to manage generally the affairs of the Institution. Three Governors form a quorum.	Annual subscribers of 1 guinea are Governors, and are entitled to vote at General Meetings, and to have 2 patients on the books.	The district of Islington; patients living beyond are not visited in their homes, but those attending at the Dispensary come from all parts.	One Consulting Physician, 1 Consulting Surgeon. Only attend when called upon.	*Nil.*	The Physician must be F.R.C.P. or M.R.C.P. The Surgeon a Member of one of the Licensing Boards.	The Committee.	The Consulting Surgeon is in general practice.	Yes.	*Nil.*	One.	He received in 1890 £279. 3*s.* 4*d.* with lodging, gas, and coal.	The entire Medical and Surgical attendance of the Institution. No private practice is allowed.	He must be of the College, and registered as a Practitioner of Medicine. He is appointed by the Committee.	A Dispenser, whose salary is £117 a year; a Collector, who received in 1890 £8. 8*s.* 7*d.*; and a Porter and Charwoman, who between them were paid £69. 18*s.* 2*d.* in 1890.	£250 invested in Consols.	£178. 19*s.* 1*d.* were received from subscriptions in 1890, a legacy of £30, and a school offering of 16*s.* Total, £209. 18*s.* 1*d.*	£57. 5*s.* 10*d.* from the Sunday Fund, and £50. 12*s.* from the Saturday Fund.	There is a Convalescent Fund, which was drawn upon for £10. 8*s.* in 1890, for meat and wine. On the 31st Dec. 1890, this Fund was overdrawn £20. 2*s.* 5*d.*	£84.	About £12. 12*s.*	*Nil.*
- - - - - -	By a Committee, consisting of the President, Vice-Presidents, Honorary Officers, and 24 Governors, 8 of whom have to retire annually, and 4 only of these are eligible for re-election. It meets monthly, or oftener, if necessary, to arrange generally the working of the Institution. Three members form a quorum.	A donor of 10 guineas in one year is a Life Governor. An annual subscriber of 1 guinea is a Governor. Life Governors and Governors are entitled to vote at General Meetings, and to 12 letters of recommendation.	There is no limit of area for patients who attend the Dispensary, but a limit of one mile from the Dispensary is placed on those who are visited in their homes.	Six Medical Officers, one of whom attends daily at 2.30 p.m., and remains as long as is required. Patients attend at 10 a.m. and 2 p.m. daily, and drugs can be obtained from 10 to 10.30 a.m., and from 2.30 to 6 p.m.	*Nil.*	They must be duly registered and qualified.	The Committee on the recommendation of the Medical Board, which consists of the 8 Honorary Medical Officers.	Yes.	Yes.	*Nil.*	One.	He received in 1890 £162. 12*s.* He has no allowances and has to pay his *locum tenens*.	Chiefly to visit patients in their own homes.	He must be registered and doubly qualified. He is appointed by the Committee for no fixed time.	There is an Honorary Secretary, who is appointed by the Committee to do the usual secretarial work; a Dispenser, whose salary is £65 a year, with lodging and attendance; a Collector, who received in 1890 £12. 10*s.* poundage; and a Housekeeper and Messenger, who were paid £65, with no allowances.	£42. 1*s.* 3*d.* were received in 1890 from dividends.	£406. 8*s.* 6*d.* in subscriptions and donations were received in 1890, and £118. 6*s.* 2*d.* from collections. Total, £524. 14*s.* 8*d.*	£83. 6*s.* 8*d.* from the Sunday Fund and £49. 14*s.* from the Saturday Fund.	*Nil.*	£80.	About £15.	*Nil.*
- - - - - -	By a Committee called the Monthly Committee; it consists of the President, Vice-Presidents, Treasurer and Secretary, and 15 Governors elected at the Annual Meeting. The Physicians and Surgeons are members of this Committee. It meets monthly to conduct the whole of the affairs of the Charity. Three members form a quorum.	Donors of 10 guineas are Life Governors, an annual subscription of a guinea constitutes a Governor. Governors are entitled to 24 letters of recommendation.	Patients are only visited in their own homes if living in the parishes of Spitalfields, Mile End, New Town, Whitechapel, Shoreditch, Bethnal Green, Aldgate, or Bishopsgate.	Two Physicians and Surgeons, who attend at the Dispensary on Tuesdays and Fridays at 1 p.m., and on Wednesdays and Saturdays at 1 p.m. and 2 p.m. respectively.	An honorarium of £45 a year each.	They have the highest qualifications.	By the Governors at a meeting specially summoned.	No.	Yes.	*Not given.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	There is a Secretary whose salary is £ 0 a year; he convenes and attends all meetings, keeps the minutes and accounts, and generally supervises the working of the Institution; 1 Dispenser, with £39 a year; and a Collector, who receives a commission which averages about £4 a year; 1 Attendant receives £5 a year.	£262. 4*s.* 6*d.* were received from dividends and rent of rooms in 1890.	£91. 3*s.*	£20. 17*s.* 8*d.* were received from the Sunday Fund, and £30. 15*s.* from the Saturday Fund.	*Nil.*	£60.	£7. 7*s.* 8*d.*	*Nil.*
...AL - - - -	By a Committee composed of President, Vice-Presidents, Trustees, Treasurers, Honorary Officers, and 12 Governors, elected at the Annual General Meeting. It meets monthly to conduct the affairs of the Dispensary. Five members form a quorum.	A donor of 10 guineas is a Life Governor, and an annual subscriber of 1 guinea a Governor. They are entitled to vote at General Meetings, and to 6 letters of recommendation.	No limit for patients who attend at the Dispensary, but those visited in their homes must live in an area of one mile radius from the Dispensary.	Six Medical Officers, two of whom attend daily at 2 p.m. at the Dispensary. Practically drugs can be obtained at all hours.	*Nil.*	Not stated in the Rules, but they are all of local repute.	The Committee on the recommendation of the Medical Board, which is composed of the Medical Officers.	Yes.	Yes.	*Nil.*	One.	His salary is £120 a year; no allowances.	Visits patients in their own homes, attends to urgent cases, and sees the patients at the Dispensary in the absence of the Staff.	A double qualification is necessary. He is appointed by the Committee for no stated time.	The Honorary Secretary manages the Institution; he is appointed by the Committee. A Dispenser, whose salary is £100 a year; A Collector, who received in 1890 £17. 14*s.* 8*d.* poundage; and a Housekeeper, with £25 a year.	£24. 1*s.* 8*d.* were received in 1890 from dividends.	£286. 19*s.* 2*d.* in subscriptions were received in 1890, and collections £146. 18*s.* Total, £433. 17*s.* 2*d.*	£45. 19*s.* 2*d.* from the Sunday Fund and £20 from the Saturday Fund.	*Nil.*	*Not given.*	*Not given.*	*Nil.*
...MISSION - - -	By a Council and Staff Officers, composed of 11 members. It meets quarterly, and holds special meetings, to direct and to receive reports from the Medical Superintendent and Secretary.	*Nil.*	Not limited for those who attend at the Dispensary but as to visits in the patients' homes, the area is bounded by Great Wild Street on the east, Shaftesbury Avenue west, Oxford Street and Holborn north, and Covent Garden south.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	A Medical Superintendent, with salary of £250 a year; an Assistant Medical Officer, with salary of £112. 2*s.*; a Secretary with salary of £60 a year. These officers are appointed by the Council. A Dispenser, £66 a year; two nurses, one at £60 and the other at £48 a year; one Porter and Housekeeper, £60 a year and residence.	*Nil.*	£1,415 in 1890.	£52. 1*s.* 8*d.* from the Sunday Fund.	No Samaritan Fund so-called, but there is a Convalescent Home and Holiday House connected with the Mission.	£133.	£18. 0*s.* 3*d.*	*Nil.*
...EDICAL AID INSTI-	By a Committee of 10 Honorary Subscribers and five Members. It meets monthly to conduct the management of the Institution. Three members form a quorum.	Subscribers of 1 guinea are Governors, and can vote at General Meetings.	One mile radius from the Institute; this limit is not exceeded in cases of home visiting.	Six Honorary Consultants and one Medical Officer, who attends from 11 to 12 noon and 7 to 8 p.m.	In 1890 he received £186 16*s.* 1*d.*	Full qualifications are necessary.	The Committee.	No.	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	An Honorary Secretary, who manages the Institution under the Committee; a Dispenser, who receives a salary of £41. 5*s.*, with lodging, fire and light; a Clerk, with 10*s.* a week; and a Housekeeper, with lodging, fire and light.	*Nil.*	£11. 8*s.* 5*d.* in 1890.	£46. 0*s.* 10*d.* from Hospital Saturday and Sunday Funds.	*Nil.*	£46.	£40.	*Nil.*

N.—Free and Part-Pay Dispensaries in the Metropolis.—II. Notes of Management, Medical Staff, and Finance—*continued.*

NAME.	Management.	Qualifications and Privileges of Governors.	Area of Work.	HONORARY MEDICAL STAFF.						RESIDENT MEDICAL OFFICERS.				Officials and Servants; Salaries and Allowances.	FINANCE.				RATES.		Electors.
				Number of Visiting Doctors.	Allowance (if any).	Qualifications of.	By whom appointed.	If in General Practice.	If they serve on the Committee.	Retiring Age.	Number of.	Salary and Allowances.	Duties of.	Qualification, and by whom appointed.		What amount of Income derived from Endowments.	Amount received by Voluntary Contributions in 1890.	Grants from Hospital Saturday and Sunday Funds in 1890.	Samaritan Fund.	Assessment.	Annual Sum paid.	
METROPOLITAN	By a Committee of 24 Governors. It meets once a quarter to manage the affairs of the Dispensary. Five members form a quorum.	Annual subscribers of 1 guinea are Governors, and are entitled to have 2 patients always on the books, and 1 vote at elections.	The boundaries from without which patients are not visited in their homes are: from Blackfriars Bridge to Smithfield, up St. John Street to Clerkenwell Road, thence to Shoreditch, along Bishopsgate Street to London Bridge, and thence by waterside to Blackfriars.	Two Physicians, 1 Obstetric Physician, 1 Surgeon. The two Physicians attend on Mondays, Wednesdays, Thursdays, and Saturdays, from 9 to 10 a.m. The other on Tuesdays and Fridays from 1 to 2 p.m., and the Surgeon on the same days from 9 to 10 a.m.	The 3 Physicians receive honoraria of £40 a year each, and the Surgeon £30 a year.	The Physicians must have a Degree in Medicine from a British University, and be a Member of the Royal College of Physicians. The Surgeon must be a Fellow of the Royal College of Surgeons of England, not practising Pharmacy.	The Subscribers.	No.	Yes; *ex-officio.*	*Nil.*	One.	In 1890 he was paid £178; he provides his own board.	Visit patients in their homes daily. Shall attend at the Dispensary daily from 9 to 10 a.m., 12 to 2 p.m., and 6.30 to 8.30 p.m. He is allowed to take private practice.	Must be a Fellow of the Royal College of Surgeons, England, and a Licentiate of the Apothecaries' Society. He is appointed by the Committee.	A Secretary, who summons and attends all meetings, keeps the accounts, books, &c., and gives his best attention to the interests of the Institution. His salary is £210 a year. A Dispenser, non resident, whose salary is £105 a year. A Collector, who was paid in 1890 £7. 0s. 6d. poundage. An errand boy, with 5s. a week.	£111. 9s. 4d.	£273. 17s. 8d. in 1890.	£41. 13s. 4d. from the Sunday Fund, and £44. 17s. from the Saturday Fund.	*Nil.*	£84.	*Not given.*	*Nil.*
PORTLAND TOWN	By a Committee of 18 Subscribers. It meets quarterly to conduct the business of the Dispensary and to appoint a House Committee for the ensuing quarter. The House Committee consist of two or more members of the General Committee; it conducts routine work.	Subscribers originally resident in the district. The Dispensary is part of the work of St. Stephen the Martyr in the Avenue Road.	Bounded by Regent's Park, Primrose Hill, Acacia Road, and Wellington Road.	Two Surgeons, who only attend when called upon to do so by the R.M.O.	*Nil.*	Must be practitioners of standing in the neighbourhood.	The Committee.	Yes.	Yes.	*Nil.*	One.	His salary is £80 a year, and no allowances.	He dispenses, attends all Committees, visits patients in their homes, and is in daily attendance at the Dispensary.	He must be doubly qualified and registered. He is appointed by the Committee.	An Honorary Secretary, who summons and attends all meetings, keeps the minutes, &c. A Collector, who receives commission of 5 per cent. on the amount he collects; he was paid £3. 15s. in 1890. A Housekeeper, £10 a year wages; lodging, fuel, and light only.	*Nil.*	£79. 8s. 6d. in 1890.	£20. 16s. 8d. from the Sunday Fund, and £27. 6s. from the Saturday Fund.	*Nil.*	£22.	£5. 10s.	*Nil.*
PUBLIC	By a Committee of 25 gentlemen elected at the Quarterly Meeting in August. It meets monthly to manage the general business of the Institution. Three members form a quorum.	Donors of 10 guineas in one sum and annual subscribers of 1 guinea are Governors, and are entitled to 18 patients' letters a year.	The district within which patients are visited in their own homes extends from Holborn on the north to the Thames on the south, and from Farringdon Street on the east to and including Covent Garden on the west.	Two Physicians, who attend at the Dispensary, one on Wednesdays and Saturdays at 12, the other on Tuesdays and Fridays at 12. The Dispensary is open daily from 9 to 10 a.m., 12 to 2 p.m., and 4 to 5.30 p.m. for medicine.	£52. 10*s.* gratuity is usually voted to each Physician.	Must be F.R.C.P. or M.R.C.P., and must not practise Midwifery, Surgery, or Pharmacy.	The Governors.	No.	Both are invited to attend meetings.	*Nil.*	One.	His salary is £105 a year; no allowances.	To visit patients in their own homes, to see patients at the Dispensary in the absence of the Physicians.	He must be doubly qualified, and duly registered, and unmarried. He is appointed by the Governors.	A Secretary, who superintends generally the business of the Institution; his salary is £50 a year. A Dispenser, whose salary is £60 a year. A Collector, who gets 8½ commission on all annual subscriptions not exceeding £4 each. A Housekeeper and husband, £39 a year.	£172. 6*s.* 6*d.* received in 1890 from dividends.	£334. 19*s.* 2*d.* in 1890.	£52. 1*s.* 8*d.* from the Sunday Fund, and £29. 12*s.* from the Saturday Fund.	*Nil.*	*Not given.*	£19. 18*s.*	Students of the medical profession attending the practice of the Dispensary. The Institution is managed by the Governors of the University of London. The purpose of granting tickets of admission
QUEEN ADELAIDE	By a Committee of 20 Governors. It meets monthly to conduct the general management of the Dispensary. Five members form a quorum.	Donors of 5 guineas in one sum and annual subscribers of half-a-guinea are Governors, and are entitled to 6 letters annually.	The area is not limited.	Three Surgeons in Ordinary, who attend every day in turn from 9 till 11 a.m. at the Dispensary. The Dispensary is open daily from 9 to 1 p.m., and drugs can be obtained at all hours.	*Nil.*	Surgical and Medical.	The Governors.	Yes.	Yes.	*Nil.*	One.	His salary is £100 a year, with washing provided.	Dispenses and attends at the Dispensary, and reports cases to the Committee.	He must have a double qualification. He is appointed by the Committee.	Two Honorary Secretaries, who perform the usual duties. A Dispenser, whose wife acts as Housekeeper; salary, £117, with lodging, fuel, and light. A Collector, who received £15. 2*s.* poundage in 1890.	In 1890 interest on investments amounted to £180. 17*s.* 7*d.*	£498. 11*s.* 10*d.* in 1890.	£41. 13*s.* 4*d.* from the Sunday Fund, and £42. 14*s.* from the Saturday Fund.	*Nil.*	£9.	£3. 14*s.*	£30.
PIMLICO ROAD	By a Committee, the members of which are elected at the Annual General Meeting. It meets at least once a month, and has the entire management of the Charity. Three members form a quorum.	Annual subscribers of half-a-guinea are Governors, and are entitled to 'letters.'	The area is not limited.	Three Physicians, 1 Surgeon, and 3 Attending Officers; 2 Doctors for emergencies only. One Physician attends at the Dispensary on Mondays and Thursdays at 11 a.m., and on Thursdays at 8 p.m.; another sees patients at his surgery at 11 a.m. on Saturdays; one of the Attending Officers at the Dispensary on Tuesdays at 4 p.m.	*Nil.* Cab fares under certain circumstances are allowed.	A double qualification required.	The Committee.	Yes.	Yes; *ex-officio.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	A Secretary, who is also Registrar, acts as General Manager; he is paid a salary of £30 for his work as Secretary, and £3 as Registrar, also lodging, coals, and gas. A Dispenser, who is a registered chemist, gets £40 a year. A Collector, who gets on commission about £50 a year. Waiting-room attendant, boy, and charwoman, who get £24 a year.	*Nil.*	£377. 13*s.* in 1890.	From the Saturday Fund. *Amount not stated.*	*Nil.*	*Nil.*	*Nil.*	30*l.*
ROYAL MATERNITY CHARITY	By a Committee of 20 Governors, elected at the Annual General Meeting. It meets at least once a month, and has the entire management of the Charity. Three members form a quorum.	Donors of 10 guineas and ladies who are donors of 8 guineas, and annual subscribers of 1 guinea, are Governors, and are entitled to 6 'letters' annually.	From Stamford Hill north to London Bridge south; from Paddington west to Bow east.	Two Divisional Physicians and about 30 District Surgeons, and 32 Midwives. The Dispensary is open daily.	The Divisional Physicians are paid £60 a year each, the Midwives 5*s.* each case.	The Physicians must be F.R.C.P. or M.R.C.P. The District Surgeons qualified Practitioners.	The Physicians by the Governors, the rest of the staff by the Committee.	Yes.	No.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	A Secretary, who conducts the general business of the Charity, receives a salary of £250 a year. 8 outside Chemists are employed. A Collector, who is paid by a commission on the amount he collects, and a boy messenger.	About £800.	About £500.	The Saturday Fund gives a grant.	A small fund.	£136.	About £20.	Train Mid
ROYAL SOUTH LONDON	By a Committee composed of the Treasurer and 20 Governors, elected at the Annual General Meeting, together with the President and Trustees, and the Honorary Medical Officers. It meets monthly and conducts the affairs of the Institution. Three members, in addition to the Honorary Medical Officers, form a quorum.	One guinea a year constitutes the subscriber a Governor, and payment of 10 Guineas a Life Governor. Every subscriber of a guinea is entitled to have 1 patient continually on the books.	The boundaries are from Vauxhall Bridge through the Oval to St. Mark's, Kennington; thence to the point where Walworth Common joins the Walworth Road; thence to the corner of New Kent Road, opposite the Bricklayer's Arms; thence to the Elephant and Castle; thence to London Bridge, and all within that extent bounded by the River Thames.	Three Surgeons, who each attend on two days of the week at 10.30 a.m. 7 District Surgeons. The Dispensary is open for patients from 9 a.m. to 1 p.m., and from 5 to 6 p.m., and at all hours for urgent cases.	The District Surgeons are given £20 a year each.	They must all have double qualifications.	The Committee.	Yes.	Yes.	*Nil.*	One.	His salary is £100 a year, without allowances; in 1890 he received in addition to his salary a gratuity of £31. 10*s.*	He dispenses and attends at the Dispensary daily from 9 a.m. to 1 p.m., and from 5.30 to 6.30 p.m., and gives attendance to all urgent cases.	He must be a Licentiate of the Apothecaries' Society. He is appointed by the Committee.	A Secretary, who summons and attends all meetings, keeps the minutes, accounts, and manages all matters connected with the office; his salary is £30 a year. An Assistant Dispenser, whose salary is £74 a year. A Collector, paid by commission; in 1890 he received £25. 17*s.* A resident Housekeeper, with £26 a year.	In 1890 £104. 12*s.* 8*d.* were received from dividends and rent.	£617. 18*s.* 6*d.* in 1890.	£62. 10*s.* from the Sunday Fund, and £48. 4*s.* from the Saturday Fund.	*Nil.*	*Nil.*	About £20.	30*l.*
ST. GEORGE'S AND ST. JAMES'S	By a Committee of not more than 15 members elected at the Annual General Meeting. It meets once a month, or oftener if necessary, to conduct the business of the Charity generally. Three members form a quorum.	Donors of 10 guineas and annual subscribers of 1 guinea are Governors, and are entitled to 6 letters of recommendation a year.	The parishes of St. George's and St. James's; only those patients who live in these parishes are visited in their own homes.	Seven Physicians and 3 Surgeons. The Physicians attend in turn, daily at 12 noon at the Dispensary, which is open for patients from 11 to 2, and 5 to 6 daily.	*Nil.*	Physicians must be M.R.C.P. Surgeons F.R.C.S. or M.R.C.S.	The Committee.	No.	Yes.	*Nil.*	One.	*Salary not given.* No allowances.	To visit patients at their own homes, and to see patients at the Dispensary at any hour.	Must be M.R.C.S. of England.	A Secretary, who attends all meetings and generally transacts secretarial duties; his salary is £25 a year. A Dispenser, who is paid £36. A Collector, £6. 10*s.* a year. Porter, £6 a year, with coals and gas.	*Nil.*	£327. 1*s.* 9*d.*	Grants are received from the Saturday and Sunday Funds.	Yes.	£84.	£16. 16*s.*	30*l.*

N.—Free and Part-Pay Dispensaries in the Metropolis.—II. Notes of Management, Medical Staff, and Finance—*continued.*

NAME.	Management.	Qualifications and Privileges of Governors.	Area of Work.	HONORARY MEDICAL STAFF.						RESIDENT MEDICAL OFFICERS.				Officials and Servants; Salaries and Allowances.	FINANCE.				RATES.		Educational.
				Number of Visiting Doctors.	Allowance (if any).	Qualifications of.	By whom appointed.	If in General Practice.	If they Serve on the Committee.	Retiring Age.	Number of.	Salary and Allowances.	Duties of.	Qualification and by whom appointed.		What amount of Income derived from Endowments.	Amount received by Voluntary Contributions in 1890.	Grants from Hospital Saturday and Sunday Funds in 1890.	Samaritan Fund.	Assessment.	Annual Sum paid.	
SOUTH LAMBETH, &c.	By a Committee of 18 elected Governors, with the Incumbents of the 7 parishes covering the area, the Consulting Medical Officers, the Honorary Treasurer, and Honorary Secretary. The meetings are held quarterly. Three members form a quorum.	Donors of 10 guineas and annual subscribers of 1 guinea are Governors, and are entitled to 12 "letters."	The parishes of Christ Church, North Brixton; St. Michael's, Stockwell; St. Andrew's, Stockwell; St. Ann's, South Lambeth; St. Barnabas, South Kensington; St. Stephen's, and All Saints, South Lambeth.	Three Consultant and 5 Visiting Doctors. They attend in turn at the Dispensary at 10.30 a.m. daily.	They are paid the amount paid by the patients; in 1890 the consultants received £91. 1*s.* and the Visiting Staff £151. 8*s.*	Must be duly registered Medical Practitioners.	The Committee	Yes.	The Consultants only.	*Nil.*	*Nil.*	*Nil.*	*Nil.*	*Nil.*	An Honorary Secretary, who performs the usual duties of the office. A Resident Dispenser, with a salary of £100 a year. A Collector, who received in 1890 £12. 16*s.* as poundage. A charwoman and a boy, with £20. 16*s.* wages between them.	About £10.	£273. 3*s.* 2*d.* from subscriptions, £47. 2*s.* 8*d.* from collections, and a legacy of £59. Total £370. 9*s.* 10*d.*	£62. 10*s.* from the Sunday Fund, and £31. 5*s.* from the Saturday Fund.	*Nil.*	£24.	8*s.* 7*d.*	*Nil.*
ST. MARYLEBONE GENERAL	By a Board of Directors; it consists of the Patron, President, Vice-President, Treasurers, Life Governors qualified before May 1879, and 20 Governors elected annually. It meets monthly, and has the entire management and direction of the Charity, assisted by Sub-Committees of Honorary Staff, Medical Committee, Audit Committee, &c. Three members form a quorum.	Donors of 10 guineas are Life Governors, and annual subscribers of not less than 1 guinea are Governors. Governors are entitled to recommend 7 patients annually.	There is no limit as far as relates to patients attending at the Dispensary, but patients are visited at their own homes only within the following area:—Bounded on the *East*—Berners Street to Cleveland Street, taking parish boundary to the south side of the Outer Circle, Regent's Park. *North*—South side of Outer Circle to the end of York Terrace, down Allsop Place to Marylebone Road, south side of Marylebone Road to Gloucester Place, west side of Gloucester Place to Montagu Place, south sides of Montagu Place, Montagu Square, and Bryanston Square to Seymour Place. *West*—Seymour Place from Montagu Place to Marble Arch. *South*—Parish boundary of Oxford Street, from Marble Arch to Berners Street.	Four Physicians, 1 Obstetric Physician, and 1 Surgeon. Physicians attend daily at 2 p.m.; the Obstetric Physician on Thursdays at 10 a.m., and the Surgeon on Tuesdays and Fridays at 1.15 p.m. The Dispensary is open from 9.30 a.m. to 5 p.m. Urgent cases will be seen at any time.	A small honorarium is annually divided amongst the Medical Staff. In 1890 they received £47. 5*s.*	Physicians must be F.R.C.P. London, or Graduates in Medicine at one of the Universities of the United Kingdom. The Surgeon must be F.R.C.S. or M.R.C.S. of England.	By the Board of Governors.	No.	Yes.	*Nil.*	One.	£120. 15*s.*, with furnished apartments, coal, gas, and attendance.	Visits the patients at their own homes and generally assists the Honorary Medical Staff in seeing the patients at the Dispensary.	Must be registered and doubly qualified.	There is a Secretary, who attends all meetings of the Board Committees, &c., keeps the minutes, and performs other duties connected with his office; he receives £52 a year as salary; 1 Dispenser, £90 a year; a Collector, who receives about £14 as poundage; and a Porter and his wife, with £78 a year and apartments, coal and gas allowed.	£130. 0*s.* 8*d.* were received from dividends and rents in 1890.	£273. 0*s.* 9*d.*	£31. 9*s.* 2*d.* were received from the Sunday Fund and £20 from the Saturday Fund.	There is a Samaritan Fund connected with the Institution, from which bandages, trusses, brandy, and other articles were obtained in 1890 at a cost of £8. 5*s.* 9*d.*	£59.	£8. 12*s.* 1*d.*	*Nil.*
ST. PANCRAS AND NORTHERN	By a Committee composed of the President, Vice-Presidents, Treasurer, and Governors elected at the Annual General Meeting. It meets monthly to supervise the management of the Institution. Three members form a quorum.	Donors of 10 guineas and annual subscribers of 1 guinea are Governors, and are entitled to recommend annually 2 patients (1 being a midwifery patient).	Patients who reside within an area of 1 mile radius from the Dispensary are visited in their own homes.	Five Medical Officers, who attend on Mondays at 3 p.m., Tuesdays and Saturdays at 1.30 p.m., Thursdays at 3.30 p.m., Fridays at 7 p.m., and Wednesdays at 9 a.m.	*Nil.*	Must be M.R.C.P. of London if a Physician, or M.R.C.S. of the United Kingdom if a Surgeon.	The Committee	No.	Yes.	*Nil.*	One.	His salary is £105. No allowances.	He visits patients at their own homes, and attends on them at the Dispensary in the absence of the Medical Officers.	Must have a double qualification. He is appointed by the Committee for a month.	An Honorary Secretary, who summons and attends all meetings and keeps the minutes. A Dispenser, whose salary is £65 a year. A Housekeeper, who is paid £36 a year, board wages.	£42. 18*s.* received from dividends in 1890, and £60 from rent.	£253. 4*s.* 4*d.* from subscriptions, &c., and £100 in Israels.	£41. 13*s.* 4*d.* from the Sunday Fund and £22. 15*s.* from the Saturday Fund.	*Nil.*	£84.	About £6.	*Nil.*
STAMFORD HILL	By a Committee of 20 Governors elected at an Annual General Meeting. It meets monthly to carry out the objects of the Charity. Three members form a quorum.	Donors of 10 guineas and annual subscribers of 1 guinea are Governors, and are entitled to have 2 patients on the books.	Home visits are only paid to those patients who live within an area of a mile and a half from the Dispensary.	Two Visiting Surgeons, who attend on Tuesday and Friday and on Wednesday and Saturday at 11 to 1 p.m.	*Nil.*	Must be F.R.C.S. or M.R.C.S. of London.	The Committee	Yes.	Yes; *ex officio.*	*Nil.*	Two.	The salary of the Head Officer is £140 a year. £56 allowance for House expenses, £78 for the board of his assistant, who is paid £50 a year.	They visit patients in their own homes, dispense and attend to patients at the Dispensary in the absence of the Visiting Surgeons.	Must be a M.R.C.S. and L.R.C.P.	An Honorary Secretary, who performs all the usual duties of his office. A Collector, who is paid by commission and £2. 2*s.* a year for sending out notices of Annual Meetings and postage of Reports; he received £24. 15*s.* 1*d.* in 1890. A Housekeeper is paid by the Senior R. M. O. An Office Boy, whose wages are £20. 16*s.* a year.	£119. 17*s.* 1*d.* received from dividends in 1890.	£377. 4*s.* 9*d.* from subscriptions, donations, and collections; also £1,036. 4*s.* 3*d.* from legacies. The latter amount was invested.	£52. 1*s.* 8*d.* from the Sunday Fund and £48 from the Saturday Fund.	*Nil.*	£58.	£13. 10*s.* 8*d.*	*Nil.*
TURNEY	By a Committee of 21 Governors elected at the Annual General Meeting. It meets monthly to conduct the affairs of the Charity. Three members form a quorum.	Annual subscribers of 1 guinea are Governors, and are entitled to have 2 patients always on the medical or surgical list, and 1 lying-in patient in the year.	Patients are only visited in their own homes within the following boundaries: The western division is from London Bridge by the Flames to Vauxhall Bridge, and up Harleford Street to the Kennington Road; thence along Horsford Street to the Walworth Road; thence along the Old Kent Road to the Bricklayer's Arms; thence along the New Kent Road to the Elephant and Castle; thence by Newington Causeway to London Bridge. The eastern division being from London Bridge to the end of West Lane, along the Upper Grange Road to the Green Man in the Old Kent Road, and back by the Elephant and Castle to London Bridge.	Three Physicians and 2 Surgeons. The Dispensary is open daily.	The Visiting Staff receive £32. 10*s.* each a year.	Physicians must be F.R.C.P. or M.R.C.P. of London, or Graduates of a British University. The Surgeons must be F.R.C.S. or M.R.C.S. of England.	The Governors	Yes.	Two of them are.	*Nil.*	One.	He received a salary and gratuity in 1890 of £120. 10*s.*; no allowances.	He attends to the general business of the Dispensary; visits all new home cases, and reports upon them.	Must have a double qualification and be a locally-registered practitioner. He is appointed by the Committee.	A Secretary, who attends all the meetings, keeps the minutes and accounts, and performs other duties pertaining to his office; his salary is £37 16*s.* A Dispenser, who is paid £100 a year. An Assistant Dispenser, with £26 a year; and a Collector, who received in 1890 £38. 15*s.* 8*d.* as poundage.	In 1890 £619 were received from dividends.	£829. 1*s.* 7*d.* were received from subscriptions and donations.	Grants are received from the Saturday Fund. *Amount not stated.*	*Nil.*	£50.	£13. 15*s.*	*Nil.*
TOWER HAMLETS	By a Committee consisting of a President, 10 Vice-Presidents, Treasurer, 3 Trustees, and 24 Governors. They meet once a month. Three members form a quorum.	Donors of 10 guineas and annual subscribers of 1 guinea are Governors, and are entitled to 6 free and 18 part-payment letters, and 1 free and 3 part-payment midwifery cases annually.	Patients resident within the following boundaries only are visited at their own homes: From Hermitage Street northward up Nightingale Lane, Well Street, and Church Lane to the Commercial Road; eastward to New Road, up New Road to Mile End Road, to Burdett Road, along Burdett Road to St. Paul's Road, Bow Common Lane, and Stainsby Road to East India Dock Road (including the whole length of the parish of Limehouse), thence to Brunswick Wharf, Blackwall, returning along the banks of the Thames to Hermitage Stairs.	One Physician and one Surgeon. The former attends at the Dispensary on Monday and Thursday at 1.30; the latter on Tuesday and Friday at 12.30.	Physician £52. 10*s.*, and the Surgeon £30 a year.	Physicians must be Graduates in Medicine of a University of the United Kingdom, and F.R.C.P. or M.R.C.P. The Surgeons must be F.R.C.S. or M.R.C.S. of London.	The Committee	Yes.	Yes, but cannot vote.	*Nil.*	One.	His salary is £120 a year. No allowances.	Visits patients who are unable to attend at the Dispensary, dispenses the medicine, attends all meetings, and also attends all cases of accident and emergency.	Must be a duly registered Medical Practitioner. He is appointed by the Committee.	A Secretary, who attends all meetings and issues summonses for the same, keeps the minutes and transacts all other business as he may be directed; his salary is £30 a year. A Dispenser, who gets £50 a year. A Collector, who received in 1890 £9. 16*s.* 4*d.* as poundage.	£14. 17*s.* were received in 1890 from dividends.	£230. 15*s.* 9*d.* received in subscriptions, donations, and collections.	£52. 1*s.* 8*d.* from the Sunday Fund and £33. 1*s.* from the Saturday Fund.	*Nil.*	£20.	£5. 8*s.* 4*d.*	*Nil.*
WESTERN GENERAL	By a Board of Directors of 30 Governors elected at the Annual General Meeting. It meets monthly to conduct the general management of the Institution. Five members form a quorum.	Donors of 10 guineas and annual subscribers of 1 guinea are governors, and are entitled to recommend 6 patients annually.	Patients living in an area of 1 mile radius from the Dispensary are, when necessary, visited at their own homes.	Three Physicians, one of whom attends daily at 1 p.m. One Physician Accoucheur attends on Tuesday and Friday at 2 a.m.; three Surgeons, one of whom attends at 2 p.m.; one Oculist attends four days a week at 9.30 a.m.	*Nil.*	They must be Fellows or Members of their respective Royal Colleges of Graduates of a British University.	By the Board of Directors.	Yes.	Yes.	*Nil.*	Two.	They both receive salaries. *Amounts not stated.* They are boarded free, and beer is allowed.	Visit patients at their own homes, register the patients attending the Dispensary, and attend to casual patients.	Must be duly qualified and registered; they are appointed by the Board of Directors.	A Secretary, who performs the usual duties of that office, and receives a salary of £40 a year; a Dispenser, who receives £120 a year; a Matron, with £40 a year, board and beer; a Nurse, £25 a year, board, beer, and uniform; a Collector, who received £49. 3*s.* in 1890 as poundage; a Cook and Housemaid, who received respectively £18 and £14 a year, with board, beer, and 1*s.* a week for washing; a Porter, with £52 a year and uniform.	£43. 2*s.* 4*d.* were received from dividends in 1890, and £140. 15*s.* 9*d.* were received from the sale of £150 Consols.	£1,364. 10*s.* 4*d.* were received from subscriptions, donations, and collections.	£135. 8*s.* 4*d.* from the Sunday Fund and £45. 1*l.* from the Saturday Fund.	*Nil.*	£90.	£7. 5*s.* 10*d.*	*Nil.*
WESTMINSTER GENERAL	By a Committee of 20 Governors elected at the Annual General Meeting, with the President, Vice-Presidents, Treasurer, Trustees, the Senior Physician and Senior Surgeons. It meets monthly to regulate the current affairs of the Charity. Three members form a quorum.	Donors of 10 guineas and annual subscribers of 1 guinea are Governors, and are entitled to recommend 20 patients annually.	Patients are treated from all parts, but those visited in their own homes must reside within the district comprised by a circle having a radius of half a mile from the Dispensary.	Three Physicians who attend in turn every day in the week at 1.30, and three Surgeons, who also attend in rotation daily throughout the week at 1.30.	*Nil.*	The Physicians must be Bachelors of Medicine and duly registered practitioners. The Surgeons must be Members of a College of Surgeons, duly registered practitioners, and not engaged in the practice of Pharmacy or Midwifery.	The Committee	Yes.	Only the Senior Physician and the Senior Surgeon.	*Nil.*	One.	His salary is £110 a year. No allowances.	Superintends the dispensing. He visits patients at their own homes and attends cases of emergency and others in the absence of the Honorary Staff.	Must be a registered Medical Practitioner, or must pledge himself to register immediately if elected.	A Secretary, who attends at the Dispensary every day for one hour; attends all meetings and takes the minutes, with such other duties as may be required; his salary is £40 a year, with a gratuity of 30*s.* A Dispenser, who receives from £40 to £45 a year. A Collector, who is the Secretary, and receives £12 for his duty. A man and wife, who act as caretakers receive £56, with residence, coals and gas.	£138. 3*s.* 8*d.* were received in 1890 from dividends and rents.	£214. 11*s.* 1*d.* were received from donations and subscriptions.	£36. 9*s.* 2*d.* from the Sunday Fund, and £33. 11*s.* from the Saturday Fund.	*Nil.*	£100.	About £13.	*Nil.*

N.B.—No information has been received from the City Dispensary.

O.—Provident Dispensaries or Clubs in the Metropolis.—I. General Notes.

NAME.	Management.	MEMBERSHIP. Wage Limit.	MEMBERSHIP. Entrance Fee.	MEMBERSHIP. Contributions.	Area of Work.	MEDICAL STAFF. Number of Visiting Doctors and their Duties.	MEDICAL STAFF. Resident Medical Officer: his Duties.	MEDICAL STAFF. Remuneration of; Amount paid in 1890; Highest and Lowest Amount paid.	MEDICAL STAFF. By whom appointed.	Secretary: his Duties.	Dispenser: Salary and Allowances.	Collector or Canvasser.	Visiting Members in their own Homes.	Midwifery.	Nursing.	Co-operation with Hospitals.	Emigration of Members and Co-operation with other Dispensaries.	If Self-supporting.	Amount received in Donations or Subscriptions other than Members' Contributions.	If any Endowments.	Total Number of Cards.	Number of Individuals represented.	Number of New Cards in 1890.	Number of Individuals represented.	Number of Attendances at Dispensary in 1890.	Number of Visits paid at Members' own Homes.	Fines.	Extra Charge for Medicine.	Number (if any) of Members (otherwise than as Members of Committee) who receive Medicine.
*Bloomsbury	By a Committee of 12 and the Honorary Treasurer and Secretary. The 12 members are chosen annually from the general body of members. It meets once a month. Five members form a quorum. Its duties are to make all purchases and payments, to frame bye-laws, and adopt measures advantageous to the Institution.	*Nil.*	1s. probationary 4 weeks, subject to doctor's approval.	If approved, 6d. per month of 4 weeks for adults, and 1d. each child under 14 years of age, to the number of 6 in any family.	A radius of 1 mile from the Dispensary premises. Those members who live without this circle can obtain treatment at the Dispensary, but are not entitled to visits from the doctor at their own homes.	Five Medical men who are in general practice. They attend at the Dispensary on Monday, Tuesday, Thursday, and Saturday mornings from 9 to 11; Tuesday and Thursday evenings from 8 to 9.	*Nil.*	They receive half the members' monthly contributions. £181, 3s. 7d. were divided among the staff; the highest sum to one doctor was £74, 11s. 8d., the lowest £4. 8s.	Local Committee.	He receives the money, keeps the accounts, manages the correspondence, and keeps the minutes. He receives a salary of £20 a year. He is a benefit member.	One Dispenser who is non-resident; he receives a salary of £62. 8s.	*Nil.*	The Medical Officers visit members at their own homes when it is necessary; the member giving notice by leaving his member's card at the doctor's house before 10 a.m.	Patients must have been members for three months, and the payment is 2*s.* for attendance of a medical man or 9*s.* 6*d.* for a midwife. The fees may be paid in instalments, but must be complete before confinement.	*Nil.*	No direct co-operation but the Dispensary doctors do recommend members for treatment at Hospitals by letters to the officials. Occasionally the Hospitals send patients to the Dispensary.	Members frequently move beyond the Dispensary area; arrangements are made to allow them to join at once as benefit members any Dispensary being a branch of the Metropolitan Provident Medical Association.	Yes.	*Nil.*	*Nil.*	600	1,100	76	About 106	Between 7,000 and 8,000	Not recorded.	After three weeks' grace, 2*d.* is charged for each month the contribution is unpaid.	1*d.* for each prescription, but not more than 4*d.* in any one week.	About 6
*Deptford	By a Committee of 12 members, elected from the general body, and a representative from each of the Friendly Societies in connection with the Dispensary. There are no honorary members. The Committee meets monthly. Five members form a quorum. It regulates the management of the Dispensary.	Married persons whose weekly earnings exceed 50*s.*, and single persons 35*s.*, are ineligible.	1*s.* for a family or single card.	Adults, 6*d.* a month; husband and wife, 10*d.*; children under 10, 2*d.* Members of Sick Benefit Societies, 4*d.*	Deptford, St. John's, Brockley, and New Cross.	Seven Medical men who are in general practice. They attend at the Dispensary every day, except Sunday, from 10 to 12.	*Nil.*	Half members' payments in proportion to the amount registered under their names, and a bonus on any net surplus at the end of the year. £322. 4*s.* 3*d.*, including Midwifery fees, were divided amongst the Staff—£36. 3*s.* 9*d.* the highest, £4. 8*s.* 11*d.* the lowest. The Dentist received £5. 5*s.* in 1890.	Local Committee.	He receives the money and attends to all clerical work connected with the Institution. He is a benefit member. He received in 1890 £27, and his Assistant had £5. 5*s.*	One Dispenser, who is resident. He receives a salary of £72. 16*s.*, and in 1890 he had a bonus of £4. 1*s.* granted to him.	*Nil.*	Members are visited at their own homes by the Medical Officer under whom they were registered, when too ill to go to the Dispensary.	The Dispensary pays £2. 1*s.* to the doctor. The member only has to pay 18*s.* of this. For the attendance of a midwife a member has to pay 7*s.* 6*d.*	*Nil.*	Yes. An order is obtained from the head office of the Metropolitan Provident Medical Association.	Members occasionally leave the district. Members can be transferred from one branch to another of the Association if their cards are fully paid up.	Yes.	*Nil.*	*Nil.*	1,900	About 3,000	156	457	Not recorded.	Not recorded.	2*d.* a month if a month in arrears.	*Nil.*	1
*Hackney	By a Committee composed of not less than 12 elected members, the President, Treasurer, and the Medical Officers being *ex-officio* members. The Committee meets monthly. It makes the necessary purchases and payments, appoints and removes all officers, and generally adopts such measures as it may deem advantageous to the Institution. Five members form a quorum. There are 5 per cent. more benefit members than honorary members on the Committee.	Married persons whose weekly earnings are in excess of 40*s.*, and single persons 30*s.*, are ineligible.	*Nil.* Accounts for 1890 show £6. 2*s.* 4*d.* received for entrance fees.	Adults, 6*d.* a month; husband and wife, 10*d.*; children under 14, 2*d.* The minimum fee is 6*d.*; the maximum is 1*s.* 6*d.*	Hackney Central, Hackney South, Clapton, Clapton Park, Homerton, Victoria Park, Cambridge Heath, Dalston, London Fields, and North Hackney. If a member move to a distance, it is in the doctor's power to keep him as a member or not.	Five Medical men, who are in general practice. They see sick members at their own consulting rooms.	*Nil.*	The Medical Officers receive one-half of the members' contributions before any deductions are made. £107, 11*s.* 5*d.* were divided amongst the Medical men; the highest sum paid to any one was £65, and the lowest £3.	General Meeting of Members.	The secretarial work is done by the Dispenser. He receives the members' contributions, keeps the books and conducts the general work and correspondence of the Dispensary.	One Dispenser, who is non-resident. He receives £60 in 1890, £15 of which were for the performance of the Secretary's duties. He is not a benefit member.	One Collector and Canvasser. He receives £8 a year and a commission on new members introduced: £2. 4*s.* 8*d.* in 1890.	Members too ill to attend at the doctor's house must send their cards of membership to the doctor before 10 a.m. They will then be visited in their own homes. In cases of sudden illness patients will be visited at once.	The Dispensary pays the doctor £1 for his attendance on these cases, the members paying 17*s.* only of this amount. Midwives are not employed.	*Nil.*	Only by obtaining the usual letters, or through the influence of the Dispensary doctors.	Members often remove out of the district and are transferred to other Dispensaries, branches of the Metropolitan Provident Medical Association.	Nearly. A deficit of £6. 2*s.* 9*d.* in 1890.	£31. 15*s.* from subscribers, and £6. 8*s.* from the Metropolitan Hospital Sunday Fund.	*Nil.*	500	About 1,500	140	About 420	*Nil.*	Over 3,000	A member over 2 months in arrears is fined 2*d.*; 3 months in arrears 3*d.*; if more than 3 months in arrears they cease to be members.	1*d.* for each prescription, but not more than 8*d.* in one week.	1
*Westbourne	By a Committee of not less than 12 members, one-third of whom are benefit members. It meets monthly to examine and pass accounts, consider proposals for new rules, or for the alteration of existing rules, and other necessary business. Five members form a quorum.	*Nil.*	*Nil.*	Adults, 6*d.*; husband and wife, 10*d.*; persons between the ages of 14 and 18 years, 4*d.*; children under 14 years of age, 2*d.* a month.	Paddington, Bayswater, Westbourne Park, and Harrow Road.	Three Medical Officers and a Dentist. The former are in general practice.	*Nil.*	Half the members' contributions are paid to the 3 Medical men. £150. 1*s.* 8*d.*, exclusive of £30 Midwifery fees, were divided amongst the staff. The highest sum was £58. 12*s.* 11*d.*, and the lowest £10. 2*s.* 11*d.*	Local Committee.	The Secretary calls meetings, takes minutes, and looks after accounts. He is not a benefit member. He receives a salary.	One Dispenser, who is non-resident. He has a salary of £35 a year.	*Nil.*	Members too ill to attend the Dispensary will be visited at their own homes if they send their members' cards to the doctor's house before 12 noon.	£1. 1*s.* is paid to the Medical Officer, but the member only contributes 15*s.*; the balance, 6*s.*, is paid by the Dispensary.	*Nil.*	*Nil.*	Members frequently move out of the district, but can join other Dispensaries of the Metropolitan Provident Medical Association.	Very nearly.	£46. 11*s.* 6*d.* from subscribers, and £20. 16*s.* 8*d.* from donors.	*Nil.*	500	950	450	*No information.*	10,083	2,999	If 1 month in arrears, 1*d.* a week fine.	1*d.* for each prescription, but not more than 8*d.* in one week.	Very few
*Camden Town	A Committee of the same composition as the other branches of the Metropolitan Provident Medical Association. The meetings are monthly, and 5 members form a quorum.	Earnings of a family must not exceed 40*s.* a week on the average, nor 30*s.* for a single person.	1*s.* with a month's probation before becoming free to benefit; 10*s.* if free to benefit at once.	Adults, 6*d.*; a family card, including all children under 14 years of age, 1*s.* a month.	A radius of a mile from the Dispensary; the only exception to this is made in the case of members of Friendly Societies.	Four Medical men who are in general practice. Two attend in the morning from 10.30 to noon, and 2 in the evening from 7.30 to 8.30.	*Nil.*	In the same way as the other branch Dispensaries of the Association. £142. 15*s.* 8*d.* were divided in 1890 amongst the Medical men. The highest sum paid to any one was £60. 6*s.* 8*d.*, and £14. 7*s.* 6*d.* the lowest.	Local Committee in consultation with existing members of the Medical Staff.	Secretary attends at Committee meetings, takes minutes, &c., keeps the books and accounts, and does the usual secretarial work. He receives 5% on the members' contributions as a salary; in 1890 he got £12. 14*s.* 8*d.* He is a benefit member.	One Dispenser; he is non-resident; his salary is £62. 8*s.* a year.	*Nil.*	Members too ill to attend at the Dispensary must give notice to the Medical Officer under whom they are enrolled before 10 a.m. They will then be visited at their homes.	Attendance by the Medical man: £1. 1*s.* is paid by Dispensary, 18*s.* of which is paid by the member. Attendance by midwife: 10*s.* 6*d.* is paid by Dispensary, of which 9*s.* is paid by the member.	No settled arrangements with any Nursing Association, but members have been nursed by the North London Nursing Association. Not more than 1% of those visited in their homes have been so nursed.	No real co-operation.	Members very frequently move from the district but can join other Dispensaries being branches of the Metropolitan Provident Medical Association.	Very nearly.	£20 8*s.* 4*d.* were received in 1890, being made up of £10 8*s.* 4*d.* from the Hospital Sunday Fund and £10 from the Council of the Association.	*Nil.*	580	About 1,800	600	About 1,800	5,614	1,186	If a month in arrears, 2*d.*; fine a month is required.	1*d.* for every prescription.	1
*Kensal Town	A Committee elected annually, all benefit members except one representative of the Executive Committee of the Association, 2 elected medical men and delegates representing affiliated clubs. It meets monthly, and its duties are to control the working of the branch. Five members form a quorum.	*Nil.*	1*s.* per card, family or single.	6*d.* for adult, 1*d.* for children with parents or guardians.	Roughly a mile radius from the Dispensary. The limit is enforced except on rare occasions.	Three Medical men who are in general practice. They attend daily in turns from 11.30 to noon, and from 7 to 8 p.m.	*Nil.*	Half members' contributions, and £1. 1*s.* for each Midwifery case. £149. 13*s.* were divided in 1890. The highest sum paid to any one Medical man was £67. 10*s.* 9*d.*, and the lowest was £30. 19*s.*	Local Committee.	Secretary manages the branch under the directions of the Committee, and performs the usual secretarial duties. He receives 6 2/3% on the receipts with certain exceptions; in 1890 he got £17. 7*s.* 3*d.* He is a benefit member.	One Dispenser, who is non-resident; his salary is £62 a year.	*Nil.*	Members too ill to call at the Dispensary are visited by the Medical Officer under whom they are registered.	Members pay 18*s.* for the attendance of a Medical Officer and 6*d.* for a midwife.	*Nil.*	*Nil.*	Members do not move very frequently. They can join any other branch Dispensary of the Association.	No.	£40 from the Camden Penitentiary, and £13. 10*s.* 10*d.* received from the Hospital Sunday Fund. Total, £53. 10*s.* 10*d.*	*Nil.*	623	About 2,000	42	About 120	5,561	1,643	First month in arrears 2*d.*, second month 4*d.*, third month 8*d.*	1*d.* for each prescription, but not more than 8*d.* in any one week is charged.	1
*Pimlico	By a Committee composed of the Treasurer, two Trustees, and 18 benefit members. It meets monthly. Its duties are, to examine and pass the accounts, to go through the list of new members, and to receive the doctor's report, &c., &c. Five members form a quorum.	*Nil.*	1*s.* free to benefit after 4 weeks.	6*d.* a month for an adult, 1*d.* for each child under 14 years of age; not more than six children charged for in one family.	A mile radius from the Dispensary. If a member moves beyond this area he can still attend the Dispensary, but will not be visited in his own home.	One visiting Medical man who is in general practice. He sees members at his own residence from 10 to 11 a.m. daily, and from 6 to 8 p.m. every evening except Sundays.	One Resident Medical Officer. He is a Member of the Royal College of Surgeons of England and a Licentiate of the Royal College of Physicians of London. He attends at the Dispensary from 10 to 12 noon every day, and every evening from 7 to 9. He sees urgent cases at all times.	The Visiting Medical Officer gets one-half the contributions of those members who enrol under him; in 1890 he only received £1. 18*s.* 1*d.* The Resident Medical Officer gets a fixed salary of £175 and half the contributions when they have reached £77. 10*s.* in any one quarter; half Midwifery fees, all Vaccination fees and all certificate fees. In 1890 he received in all £208. 18*s.* 8*d.* He gets also a room free of rent.	Local Committee.	Secretary keeps the accounts, receives all contributions, &c. He receives 5 per cent. of the contributions as a salary. In 1890 he got £13. 1*s.* He is a benefit member.	One resident Dispenser, whose salary is £60. 18*s.* a year.	*Nil.*	Members too ill to attend at the Dispensary will be visited at their own homes, but must give notice before 10 a.m.	Members pay 12*s.* 6*d.* for the attendance of the doctor and 7*s.* 6*d.* for a midwife.	*Nil.*	*Nil.*	Members frequently move away from the district; they can join any of the other Dispensaries under the Association, and arrangements have also been made for an interchange of benefits with the following Institutions: Battersea Provident Dispensary, Wandsworth Provident Dispensary, Kilburn Provident Dispensary, Brompton Provident Dispensary.	Nearly so.	£15. 12*s.* 6*d.* were received in 1890 from the Hospital Sunday Fund and £60 from the Council of the Association. Total, £75. 12*s.* 6*d.*	*Nil.*	503	1,605	187	360	5,901	3,294	First month in arrears 2*d.*, second month 4*d.*, third month 8*d.*	1*d.* for each prescription, but not more than 8*d.* in any one week is charged.	1

* These Dispensaries and Clubs are Branches of the Metropolitan Provident Medical Association.

O.—Provident Dispensaries or Clubs in the Metropolis.—I. General Notes—*continued.*

NAME.	Management.	MEMBERSHIP. Wage Limit.	Entrance Fee.	Contributions.	Area of Work.	MEDICAL STAFF. Number of Visiting Doctors and their Duties.	Resident Medical Officer: his Duties.	Remuneration of; Amount paid in 1890; Highest and Lowest Amount paid.	By whom appointed.	Secretary: his Duties.	Dispenser: Salary and Allowances.	Collector or Canvasser.	Visiting Members in their own Homes.	Midwifery.	Nursing.	Co-operation with Hospitals.	Emigration of Members and Co-operation with other Dispensaries.	If Self-supporting.	Amount received in Donations or Subscriptions other than Members' Contributions.	If any Endowments.	Total Number of Cards.	Number of Individuals represented, in 1890.	Number of New Cards	Number of Individuals represented.	Number of Attendances at Dispensary in 1890.	Number of Visits paid at Members' own Homes.	Fines.	Extra Charge for Medicine.	Number (if any) of Members belonging to Benefit Clubs.
APEL - - -	By a Committee elected at the Annual Meeting, consisting of the honorary and benefit members, Chairman, Secretary and Medical Staff. It meets monthly; 8 members form a quorum. Its duties are to appoint and remove Medical Officers, Midwives, Dispenser, &c., and supervise the general working of the Dispensary and control the expenditure.	Scale I., single person, 30s.; family, 40s. a week. Scale II., single person, 20s.; family, 30s. a week.	*Nil.*	Scale I., single person 6*d.*, man and wife 10*d.*, each child 3*d.* a month. Scale II., single person 4*d.*, man and wife 8*d.*, each child 3*d.* a month. Only 4 children are charged for.	Whitechapel, Mile End, &c., within half a mile radius of the Dispensary. Exception is made to this rule by the consent of the Medical Officer.	Five Medical men, four Local General Practitioners; one resident. They attend at the Dispensary daily, morning and evening.	One.	The Resident Medical Officer receives a fixed salary. The staff receive 50 per cent. of the members' contributions.	The Committee.	He carries on the work of the Dispensary, subject to the authority of the Committee. He receives a salary of £180 per annum, and is not a benefit member.	One Dispenser, who is non-resident, and receives a salary of 23*s.* a week.	Yes, two. They receive as salary the first month's payments on new cards, and 12 per cent. of the collections.	They are visited by the Members of the Staff.	Members pay 10*s.* 6*d.* by instalments, and the Dispensary pays 10*s.* 6*d.* Patients Pay 8*s.* for the assistance of the midwife.	*Nil.*	Hospital letters are obtained for cases requiring them either through the Metropolitan Provident Medical Association or the Medical Staff.	Not frequently.	No.	*Not given.*	*Nil.*	647	1,404	Not known.	Not known.	Not known.	Not known.	3*d.* a month. No member is entitled to benefit until all arrears and fines have been paid.	1*d.* for each prescription; not more than 3*d.* in any one week.	48 out of 647 cards.
ELL CLUB -	By a Committee of 12 members, three-fourths of whom are benefit members, and one-fourth honorary. It meets monthly to conduct the general business of the Club, &c., &c. Five members form a quorum.	*Nil.*	1*s.*	Single card for adult, 6*d.* a month; man and wife, 10*d.*; each child under 14 years of age, 2*d.*	Clerkenwell and St. Luke's; and the work is strictly confined to this area.	One Medical man. He sees members at his house from 9.30 to 11 a.m. and 6.30 to 9 p.m.	*Nil.*	95 per cent. of the members' contributions. He received £44. 10*s.* in 1890.	Local Committee.	Secretary collects members' contributions, keeps the accounts, books, &c., &c. A lady does this work, and receives no salary. She is not a benefit member.	*Nil.* Doctor makes up his own medicine.	*Nil.*	Members too ill to attend at the doctor's house must send notice before 11 a.m. when they will be visited.	Members pay 20*s.* in instalments for the attendance of the Medical man. No midwives are employed.	*Nil.*	The Hospitals do not co-operate, but will receive patients on the recommendation of the Club doctor.	Members do not frequently move out of the district; if they do they can be transferred to other branches of the Association, and to a few other Provident Dispensaries.	Yes.	*Nil.*	*Nil.*	100	250	12	18	No record.	No record.	2*d.* for each month in arrears.	*Nil.*	One-sixth of total members.
ST. JAMES'S	By a Committee of 9 elected benefit members, 2 Trustees, and Secretary. It meets monthly to admit new members, to examine books and accounts, and supervise the general working of the Club. Five members form a quorum.	*Nil.*	1*s.*	Single card, 6*d.* a month; family card, 1*s.*; 1*d.* a card per month is charged for management expenses.	Two miles radius from Archer Street, Haymarket, W. Members living beyond this area cannot be visited by the Medical Staff.	Three General Practitioners, who see members at their residences at the same hours as they do their private patients.	*Nil.*	95 per cent. of the members' contributions. They received £77. 14*s.* 3*d.* in 1890. The highest sum paid in 1890 to any one Medical Officer was £32. 18*s.* 9*d.*, and the lowest was £7. 0*s.* 8*d.*	Local Committee.	The Secretary carries on the work of the Club under the control of the Committee. He receives 5 % of the members' contributions, which in 1890 amounted to £4. 5*s.* 3*d.* He is not a benefit member.	*Nil.* Doctors dispense their own medicines.	*Nil.*	The doctors visit the members enrolled under them as they do in private practice.	Members pay in instalments 21*s.* for doctor's attendance, or 10*s.* 6*d.* for a midwife.	*Nil.*	No true co-operation. Doctors send cases sometimes to the Hospitals by letters or by private notes.	Members do not often move out of district. Branches of the Association will receive those who do move, as also will some other Provident Dispensaries.	Yes.	*Nil.*	*Nil.*	370	800	10	About 17	No record.	No record.	2*d.* for each month in arrears.	*Nil.*	Four-fifths total number of members.
TTENHAM CLUB	By a Committee of the Medical Staff, the Treasurer, Secretary, 2 representatives of the Council of the Metropolitan Provident Medical Association, and not less than 6 elected members, with any other persons of local influence. It meets monthly to supervise the management of the Club. Five members form a quorum.	Weekly earnings of a family not to exceed 40*s.*, or single person, 30*s.*	*Nil.* Members free to benefit in 4 weeks after joining.	Single card, 6*d.* a month; man and wife, 10*d.*; children under 14 years of age, 3*d.* a month.	One and a half miles from Seven Sisters Station. It is left to the option of the doctors if they will visit persons outside this area.	Ten General Practitioners, who see at their own houses at stated times the members.	*Nil.*	75 per cent. of the members' contributions and the midwifery fees, £253. 18*s.* 9*d.*, were divided in 1890. The highest sum paid to any one Medical Officer was £101. 4*s.* 3*d.*, and the lowest was £1. 6*s.*	Local Committee.	The office of Secretary and Collector is combined. These duties are undertaken by a lady, who is not a benefit member; she receives a fixed salary of 15*s.* a week, and 5 % on total amount collected, and 6*d.* on each new card. Total in 1890 was £61. 5*s.*	*Nil.* Doctors dispense their own medicines.	The duties of Collector are performed by the Secretary.	Whenever cases require it, they are visited by their doctor in their own homes.	The doctor receives 21*s.* for every confinement; the members pay 15*s.*, and the other 6*s.* is paid out of the Club funds. There is no midwife.	*Nil.*	Yes, both for consultation at out-patients' departments and for admission to wards on written recommendation of Club doctors. Cases are not sent to the Club from the Hospitals.	Members often move from this district, and are transferred to the other branches of the Metropolitan Provident Medical Association without loss of benefit, and arrangements have been made with the Battersea, Kilburn, Brompton, and Wandsworth Provident Dispensaries.	Nearly.	£25 were granted from the Council of the Metropolitan Provident Medical Association.	*Nil.*	830	2,075	402	About 1,000	At doctors' surgeries, 5,040	2,173	2*d.* for each month in arrears.	1*d.* on each prescription, but not more than 3*d.* in one week.	20
A - - -	By a Committee elected annually, composed of 4 benefit members, 10 honorary members, and the Medical Officers. It meets monthly for the despatch of ordinary business, finance, &c. Three members form a quorum.	There are two classes. Class A. and B. Income of Class A. must not exceed 30*s.* a week, or Class B., 50*s.*	*Nil,* unless immediate attendance is required, when 2*s.* 6*d.* is charged to an adult and 1*s.* 9*d.* to a child.	Class A. 1*d.* a week for an adult, 4*d.* a week for a child; highest for a family, children being under 14 years, 4*d.* Class B. 2*d.* a week for an adult, 1*d.* for a child; for a family, children being under 14 years, 6*d.*	The Battersea Parish as nearly as possible.	Seven General Practitioners, each of whom attend twice a week at the Dispensary.	*Nil.*	By division of surplus fund after all expenses are paid. In 1890 £1,090. 11*s.* 1*d.* were divided; the highest sum paid to any one Medical Officer was £548. 4*s.* 7*d.*, the lowest £1. 3*s.* 6*d.*	Elected annually by the Committee and honorary members.	An Honorary Secretary and an Assistant Secretary; the latter receives a salary and acts as a collector.	Three Dispensers, who are non-resident. They receive £100, £70, 40*s.*, and £63 respectively.	There are two male Collectors. They are paid salaries and a commission after the first £1,000.	When required, members will be visited by the Medical Officers in their own homes.	For attendance by doctor, Class A. pays 5*s.*, Class B. pays 15*s.*; 10*s.* extra for first confinements. No midwife employed.	*Nil.*	None, as a rule. If a Medical Officer thought a case required hospital treatment, no doubt his recommendation would secure admission for it. Patients are not referred from the Hospitals.	Members often move out of the district, and are transferred to dispensaries under the Metropolitan Provident Medical Association and the Wandsworth Common Provident Dispensary.	Nearly.	£25. 6*s.* subscriptions, £10 donation, for a special purpose. £57. 5*s.* 10*d.* grant from Hospital Sunday Fund. Total, £92. 11*s.* 10*d.*	*Nil.*	3,800	11,700	4,060	12,700	About 15,000	27,000	1*d.* per week if 10 arrears more than 4 weeks.	*Nil.*	No record.
E - - -	By a Committee composed of the President, Treasurer, Honorary Secretary, Medical Officers, and not less than 10 persons elected annually. No benefit members are now on the Committee. It meets monthly to conduct the business of the Institution. Three members form a quorum.	Persons whose average weekly earnings exceed 30*s.*, or domestic servants whose wages exceed 16*l.* a year, are ineligible.	*Nil.* Persons joining when 111 pay 8*s.*	Monthly payments: Man over 18, 8*d.*; woman over 18, 6*d.*; man and wife, 1*s.*; child under 14, 2*d.*; man, wife, and children under 14, 1*s.* 6*d.*; person from 14 to 18, 4*d.*; widow, 4*d.*	The district of Holy Trinity, Brompton, and All Saints', Knightsbridge. These boundaries are frequently extended at the discretion of the Medical Officers.	Four General Practitioners, who each attend at the Dispensary twice a week in the morning and once a week in the evening.	*Nil.*	Members' Fund, less 15 to 25 per cent., is divided amongst them half-yearly. £244. 7*s.* 4*d.* were divided in 1890; the highest sum paid to any one doctor was £104. 3*s.*, and the lowest £30.	The Committee.	An Honorary Secretary, who attends Committee meetings, keeps minutes, looks over accounts, &c. He is not a benefit member.	One Dispenser, who is non-resident. He receives a salary of £30 a year.	One Collector, a female. She receives 5 % of the members' payments.	When required, members will be visited by the Medical Officer in their own homes.	For attendance by Medical Officer members pay in instalments 10*s.* 6*d.*, for a midwife 5*s.* 3*d.*	*Nil.*	*Nil.*	Members often move without the district, and can be transferred to Dispensaries under the Metropolitan Provident Medical Association.	No.	£111. 10*s.* subscriptions received, and £26. 0*s.* 10*d.* from Hospital Sunday Funds. Total, £156. 10*s.* 10*d.*	Sufficient to produce annually £6. 13*s.* 8*d.*	350 to 400	1,400	About 100	150 to 200	5,936	3,453	2*d.* a month for every month in arrears.	*Nil.*	No record.
ES. - - -	By a Committee composed of 12 or more honorary members elected at the Annual General Meeting. It meets quarterly to conduct the ordinary business of the Institution. Three members form a quorum.	Persons in receipt of Poor Law relief and those whose weekly earnings average more than 30*s.* are ineligible.	*Nil.* Persons joining when ill pay a fee of 5*s.*	Monthly payments: A child under 14 years of age, 2*d.*; a single person above 14 years, 4*d.*; a man and wife with children not exceeding two, 6*d.*; a single man earning more than 18*s.* a week, 6*d.*; man and wife with children exceeding two, 8*d.*	One and a quarter miles radius from St. Giles's Church, Camberwell. These boundaries are not extended.	Nine General Practitioners; three attend daily, two from 11 to 12 noon, and one from 4.30 to 5.30 p.m.	*Nil.*	The contributions of the benefited members paid quarterly, provided the funds of the Dispensary are sufficient to cover expenses. £1,241 were divided in 1890; the highest sum paid to any one Medical Officer was £291, the lowest £39.	By a majority of the honorary members.	There is an Honorary Secretary, who conducts the office work of the Dispensary, and is assisted by a female clerk, who is paid a salary of £20 a year.	One Dispenser, who is non-resident, and is paid a salary of £88. 8*s.* a year.	One male Collector. He receives 8 per cent. commission on money annually collected by him from honorary subscribers.	Members too ill to attend at the Dispensary will be visited by their own medical man. Notice to be sent, if possible, before 10 a.m.	For attendance by Medical Officer members pay 10*s.* 6*d.*, one month before the confinement.	*Nil.*	If patients require hospital treatment their doctor sends them with a private note. The Hospitals do not send patients to the Dispensary.	Members move out of the district very seldom. No arrangements are made to transfer them to other Provident Dispensaries.	No.	£386, of which £99 is a grant from the Hospital Sunday Fund.	Sufficient to produce £79 annually.	4,372	12,859	Not given.	Not given.	90,160	25,238	One-fourth of subscription for every month in arrears.	*Nil.*	No record.
L. - - -	By a Committee composed of not less than 12 or more than 30 members, who are annual subscribers of not less than one guinea, elected at the Annual General Meeting. It meets six times a year to manage and supervise the work of the Dispensary. Three members form a quorum.	*Nil.*	*Nil.* Persons joining when ill pay a fee of 5*s.*	Monthly contributions: Man, wife, and family, each child being under 14 years, 10*d.*; member over 14 years, but under 21, 6*d.*; single man above 21 years of age, 9*d.*; single woman above 21 years, 8*d.*; children not in charge of parents and under 14 years, 4*d.*; widow with or without children, 4*d.*	The work is limited to the district of Forest Hill, Brockley, Catford, Bell Green, and Holy Trinity, Sydenham. This area is very rarely extended.	Three General Practitioners, who attend at the Dispensary every day, except Sundays, from 10 to 12 noon.	*Nil.*	Members' payments are divided amongst the Staff. In 1890 £253. 11*s.* 5*d.*, exclusive of midwifery fees £26, were so divided. *Highest and lowest sums not given.*	The Committee.	There is an Honorary Secretary, who performs the usual secretarial duties. He is not a benefited member, and receives no salary.	One Dispenser, who is resident, and receives a salary of £55 a year.	One male Collector, who receives 5 % on the money he collects; he was paid £5. 5*s.* in 1890.	Members too ill to attend at the Dispensary are visited by their medical attendant at their own homes.	For attendance by Medical Officer the Dispensary pays one guinea, of which the member pays 10*s.*	*Nil.*	Patients are occasionally sent for admission to the wards by a letter from the Dispensary doctors, but there is no co-operation.	Members move frequently out of the district. No arrangements are made to transfer them to other Provident Dispensaries.	No.	£138. 5*s.* from subscriptions and donations, and £36. 9*s.* 2*d.* from Hospital Sunday Fund, and £10. 10*s.* from Hospital Saturday Fund. Total, £185. 4*s.* 2*d.*	*Nil.*	650	3,110	873	4,150	14,713	6,173	2*d.* a month for every month in arrears.	1*d.* for each article.	No record.
- - - -	By a Committee of 15 members, 2 of whom are benefit members. It conducts the management of the Institution. It meets at least once a quarter. Three members form a quorum.	20*s.* for a single man and 40*s.* for a family.	*Nil.*	Man and wife with four children under the age of 14, 3*d.* a week; man and wife with more than four children under the age of 14, 4*d.* per week; single man between the ages of 14 and 21, 2*d.*; single man above the age of 21, 3*d.*; single woman, 1*d.*; single woman, if in service, 2*d.*; child under 14, 1*d.*	District not exceeding one mile from the top of Gipsy Hill.	Three Medical Officers who are in general practice.	*Nil.*	They receive the payments of the provident members, and in 1890 £184. 14*s.* were divided amongst them. The Dispensary gave them £28, and £22. 10*s.* for midwifery cases.	The Committee.	The Secretary, who is an honorary officer, performs the usual duties of that office.	*Nil.*	Collector received in 1890 £1. 12*s.*	Patients too ill to attend on the doctor will be visited in their own homes.	Patients who have been members of the Dispensary for three months will be attended by the Medical Officer on payment of 10*s.*	*No information given.*	*No information given.*	*No information given.*	No.	£37 in subscriptions, and £20. 16*s.* 8*d.* from the Sunday Fund.	*Nil.*	- - -	*No information given on these points*	- - -	1*d.* per week if more than three weeks in arrears.	1*d.* for each article; not more than 2*d.* in any one day.	Not recorded.

N.B.—The following Provident Dispensaries and Clubs have sent no information:—Dalston Club, East London, and Notting Hill Dispensaries.

* These Dispensaries and Clubs are Branches of the Metropolitan Provident Medical Association.

O.—Provident Dispensaries or Clubs in the Metropolis.—II. General Notes.

NAME.	Management.	MEMBERSHIP.			Area of Work.	MEDICAL STAFF.				Secretary: his Duties.	Dispenser: Salary and Allowances.	Collector or Canvasser.	Visiting Members in their own Homes.	Midwifery.	Nursing.	Co-operation with Hospitals.	Emigration of Members and Co-operation with other Dispensaries.	If Self-supporting.	Amount received in Donations or Subscriptions other than Members' Contributions.	If any Endowments.	Total Number of Cards.	Number of Individuals represented.	Number of New Cards in 1890.	Number of Individuals represented.	Number of Attendances at Dispensary in 1890.	Number of Visits paid at Members' own Homes.	Fines.	Extra Charge for Medicine.	Number (if known) of Members belonging to the Class
		Wage Limit.	Entrance Fee.	Contributions.		Number of Visiting Doctors and their Duties.	Resident Medical Officer: his Duties.	Remuneration of; Amount paid in 1890; Highest and Lowest Amount paid.	By whom appointed.																			
HAMPSTEAD	By a Committee composed of 20 benefit members, 12 honorary members, and the Medical staff *ex officio*. It meets monthly to conduct the general business of the Institution. Five members form a quorum.	The wage limit is 35*s.* a week.	1*s.*	Monthly contributions: Man and wife, 8*d.*; man and wife with one child under 14 years, 9*d.*; man and wife with two children under 14 years, 10*d.*; man and wife with three children or more under 14, 11*d.*; single parent with one child under 14, 7*d.*; single parent with two children under 14, 8*d.*; single parent with three or more children under 14, 9*d.*; single person above 14 years, 6*d.*; a child under 14 years, 2*d.*	Borough of Hampstead; only extended at request of Medical Officer.	Six General Practitioners. A doctor is in attendance at the Dispensary daily at 9.15 a.m. and at 6 p.m. and on Thursdays at 11.30 a.m.	*Nil.*	According to the number of patients they have; in 1890 £363. 7*s.* 8*d.*, exclusive of midwifery fees £120. 15*s.*, were divided. The highest sum paid to any one Medical man was £110. 17*s.* 3*d.*, the lowest was £23. 17*s.* 1*d.*	The Committee.	A Secretary, who manages the affairs of the Dispensary under the control of the Committee. He is not a benefited member. He receives £50 a year, out of which he pays an assistant and his cab hire.	There are two Dispensers, who are non-resident. *Their Salaries are not stated.*	One male collector who receives a commission. *Amount not stated.*	Members too ill to attend at the Dispensary must send notice to their medical man before 10 a.m., when they will be visited at their own homes.	For attendance by Medical Officer. The Dispensary pays one guinea, of which the member pays 10*s.* No midwives are employed.	Yes. *No particulars given.* About one in ten of those visited in their own homes are nursed.	Patients are sent to the Hospitals both for admission to the wards and for consultation to the out-patient departments by arrangement made by the Medical Officers. The Hospitals do not send patients to the Dispensary.	Members frequently move out of the district. No arrangements are made to transfer them to other Provident Dispensaries.	No.	£305. 7*s.* 6*d.* were received in 1890. Subscriptions and donations £207. 11*s.* 6*d.*; Wells and Camden Charity £10. 10*s.*; Hospital Sunday Fund £32. 1*s.* 8*d.*, and collections £35. 4*s.* 4*d.*	*Nil.*	1,527	About 4,000	217	816	25,126	15,138	1st month in arrears, 1*d.*; 2nd month in arrears, 3*d.*; 3rd month in arrears, 6*d.*	*Nil.*	No exact
HAVERSTOCK HILL	By a Committee composed of not less than 9 representatives of honorary subscribers, the Trustees, Treasurer, and 4 representatives of the provident members. Very few honorary members attend the meetings, which are held quarterly, so the influence of the benefit members is greater than it seems. The Committee entirely manages the Dispensary. Seven members form a quorum.	Average weekly earnings must not exceed 40*s.*	*Nil.* Persons joining when ill pay 8*s.*	Monthly contributions: Widows, 4*d.*; single man, 8*d.*; man, wife, and family of any number, and under 14 years, 1*s.* 6*d.*	Area is strictly defined. It extends from Primrose Hill to the Regent's Canal on the south, to Belsize Lane and Fleet Road on the north, and from Swiss Cottage on the west to Kentish Town Road on the east. If an old member moves a short distance outside these boundaries, he may sometimes, with the sanction of the Medical Officers, be allowed to remain a member.	Five General Practitioners, who attend at the Dispensary on Mondays, Tuesdays, and Fridays at 12 noon and at 3 p.m. On Wednesdays and Saturdays at 12 noon only.	*Nil.*	They receive 65 per cent. of the provident members' payments, and £1. 1*s.* for each confinement. In 1890 £471. 8*s.* 4*d.*, including midwifery fees, were divided amongst them. The highest sum paid to any one officer was £185. 4*s.* 1*d.*; the lowest was £22. 1*s.* 3*d.*	The Committee.	There is an Honorary Secretary. The Dispenser is Assistant Secretary. He, with the assistance of a Clerk, receives all the subscriptions, keeps the books and accounts, and does all the clerical work. He receives for this £30 a year.	One resident Dispenser, who receives £100 a year for his services in this capacity, and rooms, fire, and light.	The Dispenser acts as collector of honorary subscriptions. He received £4. 2*s.* in 1890. There are no canvassers.	Members are visited at their own homes by the Medical Officers whenever necessary.	Members of six months' standing pay 15*s.* for the attendance of a medical man, who receives one guinea from the Dispensary. For a midwife a member pays 8*s.*	The Hampstead Nursing Association are largely made use of when necessary. No statistics as to number of members that have been nursed by them.	Only by private arrangement. No co-operation.	About 15 per cent. of the members annually move from the district. No arrangements are made to transfer them to other Provident Dispensaries.	Not entirely. Rather over 80 per cent. of the expenditure is covered by the subscriptions of the benefit members.	£152 2*s.* 4*d.* were received in 1890. Collections £77. 12*s.* 3*d.*, subscriptions and donations from honorary members £66. 16*s.* 0*d.*, proceeds of a concert £10. 10*s.* 7*d.*, and dividend £7. 3*s.*	Sufficient to produce £7. 3*s.* annually.	1,018	About 6,000	226	About 904	About 8,000	10,572	2*d.* for every month in arrears.	*Nil.*	The exact
KILBURN	By a Committee composed of 10 lay members and 2 benefit members and the Medical staff. It meets monthly and conducts the general management of the Dispensary. Three members form a quorum.	The wage limit is 30*s.* a week for a family, and 25*s.* a week for a single man.	*Nil.*	Weekly contributions: Persons over 16 years of age, 1½*d.*; children under 16 years, 1*d.*; man, wife, and any number of children under 16, 3*d.*	A radius of one mile from the Dispensary. This is extended in cases of need.	Ten General Practitioners, 2 of whom attend at the Dispensary daily from 3 to 4 p.m., and 2 from 6 to 7 p.m. on Tuesday, Wednesday, Friday, and Saturday evenings.	*Nil.*	After expenses are paid the balance is divided amongst the medical men. In 1890 £452. 0*s.* 11*d.* were divided. The highest sum paid to any one of the Staff was £134. 9*s.* 10*d.*, and the lowest was £25. 2*s.* 2*d.*	The Committee, subject to confirmation at the Annual General Meeting.	A Secretary is employed, who keeps the accounts and books and minutes of the Committee, &c. He is not a benefit member. His salary is £100 a year.	One non-resident Dispenser, who receives a salary of £60 a year.	*Nil.*	Members are visited by their medical man in their own homes if too ill to attend at the Dispensary.	*Nil.* Members make their own arrangements with their doctor.	*Nil.*	No co-operation. The Dispensary staff refer cases to the Hospitals if urgent.	Members often move away from the district; they can be transferred to any of the Dispensaries of the Metropolitan Provident Medical Association, and to 4 other Provident Dispensaries.	Not quite.	£86. 4*s.* 3*d.* were received in 1890, including £21. 5*s.* from the Hospital Sunday Fund, and £7. 17*s.* 6*d.* from the Wells and Camden Charity.	£. *s.* *d.* 11 18 9 were received as interest in 1890.	1,192	3,333	278	849	8,954 and 307 dental cases.	9,443	1*d.* for each week in arrears.	*Nil.*	No exact
LEWISHAM SELF-SUPPORTING.	By a Committee composed of the President, Vice-Presidents, Hon. secretary and Treasurer, the Medical Officers, and 12 members. It meets quarterly, and receives reports from the Secretary and Treasurer, and conducts the affairs of the Institution generally. Three members form a quorum.	*Nil.*	*Nil.*	Monthly contributions: Man and wife, 10*d.*; each person 14 to 16, 4*d.*; each person over 16, 8*d.*; each child up to three, 2*d.*; widows, 6*d.*; each child of a widow up to three in number, 1*d.*; servants, 4*d.*	Southend on the south, a straight line from Lewisham Road Station to Catford Bridge on the west, and by the parish boundaries on the north and east; a portion of Deptford south of New Cross Road and a portion of Lee contiguous.	Ten General Practitioners, who see the members at their surgeries at various hours.	*Nil.*	Half the receipts are distributed each quarter amongst the staff; £281. 7*s.* 1*d.* were divided in 1890. The highest sum paid, £74. 2*s.* 8*d.*, was to two medical men (brothers); the lowest was 14*s.* 10*d.*	The Committee.	An Honorary Secretary who directs and manages the affairs under the Committee. A Clerk assists him; his salary is £21 a year.	The Medical Officers dispense their own drugs.	There are several Honorary Collectors, both males and females.	Members are visited in their own homes when too ill to call on the doctor.	Members pay 20*s.* for the attendance of a doctor and 7*s.* 6*d.* for a midwife.	*Nil.*	*Nil.*	Members occasionally move out of the district. A certificate of arrears having been paid up is given to them.	Yes.	*Nil.*	*Nil.*	612	About 2,000	659	About 1,824	At doctors' surgery. *Not recorded.*	About 3,500	2*d.* for each month in arrears.	*Nil.*	No exact
PADDINGTON	By a Committee composed of 9 members, which is composed of gentlemen living in the neighbourhood. It meets monthly to conduct generally the business of the Dispensary. Three members form a quorum.	*Nil.*	*Nil.*	4*d.* a month for a single person; 6*d.* man and wife; 8*d.* man and wife and 1 child; 10*d.* man and wife and all children under 14 years.	Part of Paddington and part of Marylebone.	Four doctors and 4 Casualty Physicians and Surgeons, who are local practitioners. They attend at the Dispensary on Mondays at 10 a.m., Tuesday 10.30 and 11.30, Wednesday 12, Thursday 10, Friday 10.30 and 11.30, and Saturday 12 noon.	*Nil.*	The four have a gratuity of £50. each, and 20*s.* for each midwifery case.	Local Committee.	An Honorary Secretary, who has only occasional duties to perform, writing letters, &c.	One Dispenser, who is resident, and receives a salary of £100 a year, and sometimes a bonus. He occupies the upper part of the house rent free.	One male Collector, who receives a commission of 5% on the money collected.	The Medical Officers attend at their homes patients who are unable to come to the Dispensary as often as the case requires. A member must send in his member's card if he requires visiting.	The patient pays 10*s.* and the Dispensary 10*s.*	*Nil.*	*Nil.*	Member frequently move beyond the area of the Dispensary. No arrangement is, however, made with other Provident Dispensaries to receive them.	No.	£92. 12*s.*	About £600 funded.	840	2,421	233	576	7,539	6,481	1*d.* a week on all members who are in arrears.	*Nil.*	A proposal scheme
PORTOBELLO ROAD, FOR WOMEN AND CHILDREN.	By a Committee composed of 14 honorary and 2 benefit members, and all the Medical Officers *ex officio*. It meets three or four times a year, and conducts the general business of the Dispensary. Five members form a quorum.	*Nil.*	*Nil.* If ill within 3 months of joining they pay 2*s.* 6*d.*	Monthly payments: Single woman, 4*d.*; woman with 1 child, 7*d.*; woman with 2 children, 10*d.*; woman with 3 children, 1*s.* 1*d.*; children under 14, 3*d.* Non-members pay 1*l.* each consultation.	On the north the line of the Great Western Railway; on the west Ladbrooke Grove and Ladbrooke Grove Road; on the east Porchester Terrace; on the south Bayswater Road.	Three Registered Medical Women, who attend at the Dispensary on Mondays and Thursdays from 8 to 9 p.m., and on Tuesdays and Fridays from 10 to 11 a.m.	*Nil.*	The balance of the receipts over expenditure in each year. The Staff received nothing in 1890.	The Committee.	An Honorary Secretary performs the usual duties.	One non-resident Dispenser. She receives £25 a year.	*Nil.*	Members too ill to attend at the Dispensary are visited by the Medical Staff in their own homes.	These cases are attended by certified midwives at a cost of 10*s.* 6*d.*	Yes, with the New Hospital for Women and the Royal Free Hospital.	Members frequently move out of the district. No arrangements are made to transfer them to other Provident Dispensaries.	No.	£23. 16*s.* 4*d.* received in 1890, including £5. 4*s.* 2*d.* from Hospital Sunday Fund.	£100 invested at 4%	88	104	38	46	1,071 including non-members' consultations.	79	First month arrears 1*d.*, second 3*d.*, third 6*d.*	2*d.* per bottle.	*Nil.*
ST. GEORGE'S, HANOVER SQUARE.	By a Committee composed of 20 Governors chosen at the Annual General Meeting, the Treasurer, Honorary Secretary, and the Medical Staff. It meets monthly, and has the general management of the Institution in its hands. Three members form a quorum.	The wage limit is £2 a week.	*Nil.*	Payments are made annually, six months or three months in advance. Single, above 16 years, 5*s.*, 3*s.* 2*s.*; man and wife, 6*s.* 8*d.*, 4*s.* 2*s.*; man and wife and family under 16 years of age, 10*s.* 6*d.*, 6*s.*, children under 16, 3*s.*, 2*s.*, 1*s.* 6*d.* Temporary subscribers, 1*s.* for 14 days for each person.	On the north by a line drawn from Margaret Street, Regent Street, to Bryanston Street; on the south by Piccadilly; on the east by Regent Street, and on the west by Park Lane. Patients cannot be visited at their own homes if living outside this district.	Two Physicians, 1 Physician Accoucheur, and 1 Surgeon. They attend daily at 2 p.m., and Mondays at 8 p.m.	One Resident Medical Officer. He is duly qualified and registered. He dispenses, receives members' payments, and keeps account of the same. He visits the patients in their own homes.	Not less than three-fourths of the members' payments are paid to the Medical Officers; in 1890 £100. 16*s.* The highest sum was £40. 7*s.*, and the lowest £19. 5*s.* The Resident Medical Officer has a salary of £100 a year. Allowance for gas, coal, servants, &c., and 13 per cent. of members' payments for receiving and keeping accounts of same.	The Committee.	A Secretary, who is not a benefited member, performs the usual duties. He receives a salary of £40 a year, and 5 per cent. on moneys obtained through his own exertions.	One non-resident Dispenser, who receives a salary of £92 a year.	The Secretary and R. M. O. perform the duties of collectors.	Members too ill to attend at the Dispensary are visited by the Resident Medical Officer in their own homes. In serious cases he can call in one of the Medical Staff. Notice must be given before 10 a.m.; after that hour 1*s.* is charged, after 6 p.m. a fee of 2*s.* 6*d.*	For attendance by Medical Officer the member pays 10*s.* 6*d.* and the Dispensary pays 10*s.* 6*d.* No midwife is employed.	No settled arrangement, but the parish will send nurses to those cases recommended by the R. M. O. About 2 per cent. of those visited in their homes were so nursed.	*Nil.* But cases are admitted by "letters."	Members only move temporarily.	No.	Subscriptions and donations £364. 7*s.*, Hospital Sunday Fund £32. 1*s.* 8*d.*, collection £12. 11*s.* 4*d.* Total, £432.	*Nil.*	737	Not recorded.	637	Not recorded.	3,373	537	Members who lose their cards are charged 1*d.*	*Nil.*	No exact

O.—Provident Dispensaries or Clubs in the Metropolis.—II. General Notes—*continued.*

NAME.	Management.	MEMBERSHIP. Wage Limit.	Entrance Fee.	Contributions.	Area of Work.	MEDICAL STAFF. Number of Visiting Doctors and their Duties.	Resident Medical Officer: his Duties.	Remuneration of; Amount paid in 1890; Highest and Lowest Amount paid.	By whom appointed.	Secretary: his Duties.	Dispenser: Salary and Allowances.	Collector or Canvasser.	Visiting Members in their own Homes.	Midwifery.	Nursing.	Co-operation with Hospitals.	Emigration of Members and Co-operation with other Dispensaries.	If Self-supporting.	Amount received in Donations or Subscriptions other than Members' Contributions.	If any Endowments.	Total Number of Cards.	Number of Individuals represented.	Number of New Cards in 1890.	Number of Individuals represented.	Number of Attendances at Dispensary in 1890.	Number of Visits paid at Members' own Homes.	Fines.	Extra Charge for Medicine.	Number (if any) of Members belonging to Benefit Clubs.
S's WOOD - -	By a Committee composed of 12 Governors elected at the Annual General Meeting; benefit members are not represented. There is a Sub-Committee, which meets monthly. The General Committee meets quarterly. The two Committees conduct the affairs of the Dispensary. Five members form a quorum of the General Committee, and three members of the Sub-Committee.	The wage limit is 25s. for a single person, and 30s. for a family.	*Nil.* If needing advice within a month of joinings fee of 2s. is charged.	Quarterly contributions: Single person, 2s.; mother and child, 2s. 6d.; mother and family, 3s.; man, wife, and family, 4s.	On the east from the 'North Star' along College Crescent to Belsize Terrace; through Belsize Park to King's College Road; through Adelaide and Avenue Roads to Park Road. On the west, Grove End Road and Abbey Road. On the north, Belsize Road to the 'North Star.' On the south, Park Road from Ormonde Terrace to St. John's Church; the right hand side only of St. John's Wood Road to Grove End Road. Members living beyond these boundaries are not visited at their own homes.	Three Honorary Consultants and 3 General Practitioners. The latter attend at the Dispensary on stock days at 10.30 a.m. and 1.30 p.m. respectively.	*Nil.*	£120, is voted annually to the three Medical Officers, and is in proportion to the number of their patients; also a fee of £1. 1s. is paid for each confinement. In 1890, £201. 18s., including midwifery fees, were divided amongst them. The highest sum paid was £106. 18s., and the lowest £35. 15s. 6d.	The Committee.	There is a Secretary, who is also Resident Manager; he fulfils all the duties of Secretary, Collector, and Dispenser. He is not a benefit member. He receives a salary of £125 a year, and 8% on old subscriptions, and 10% on new.	The Secretary acts as Dispenser.	The Secretary acts as Collector.	Members too ill to attend at the Dispensary are visited at their own homes by their respective Medical men.	For attendance by Medical Officer the member pays 10s. 6d. to the Dispensary, the Committee paying the medical man £1. 1s. No midwife is employed.	No settled arrangement is made, but when necessary communication is made with the Paddington and Marylebone District Nursing Association, when nurses are sent to the patients gratuitously. Not quite 1 per cent. of those visited in their own homes have been so nursed.	No co-operation, but members are sent both to the wards and out-patient departments with the private cards of the Dispensary doctors or by Governor's letters.	Members frequently move out of the district, but no arrangements are made to transfer them to other Provident Dispensaries.	No. The members' payments amount to less than half the expenditure.	£166. 5s. were received in 1890 from subscriptions and donations, £22. 18s. 4d. from the Hospital Sunday Fund, and £270 from a legacy. Total, £459. 3s. 4d.	£100 India Stock, £900 Consols, producing annually together £. s. d. 16 18 4	*No information given.*	14,046	*No information given.*	349	About 16,000	About 2,000	1d. is charged per month for each card that the quarterly payments are in arrear.	*Nil.*	No record.
ORTH - - -	By a Committee composed of 6 honorary members and 8 benefit members, who are elected at the Annual General Meeting. It meets monthly, and conducts the general affairs of the Dispensary.	*Nil.*	1s.	Weekly payments: Children under 12 years of age, 1d.; children above 12 years of age, 1d.; man and wife, 2d.; man and wife with children under 12 years of age, from 2½d. to 4d.	The central area of Wandsworth Parish. Members living beyond this limit cannot be visited at their own homes.	One Consulting Surgeon and Hon. Physician, the latter with the R.M.O., attend at the Dispensary from 8.30 to 10 a.m. and 6.30 to 8 p.m., except on Saturday and Wednesday evenings; on the former the hours are from 8.30 to 9 p.m. There is on attendance on Wednesday evenings or Sundays.	One Resident Medical Officer, who is a Member of the Royal College of Surgeons of England, and a Licentiate of the Royal College of Physicians. He attends daily at the Dispensary, visits the patients in their own homes. He receives a salary of £210, and with allowances he was paid in 1890 £378. 14s. 5d.	The other Medical Officer is paid by a fixed salary; in 1890 he received £109. 3s. 4d.	The Committee.	There is a Secretary, who performs the usual duties of that office. His salary is £30. He is a benefit member.	There is one Dispenser besides the Resident Medical Officer. He is non-resident. He receives a salary of £110 a year.	There is one male Collector, who receives 5% commission on the money he collects.	Members too ill to attend the Dispensary are visited at home, by sending their member's card to the Medical Officer in the forenoon.	A member may be attended by the Resident Medical Officer in her confinement on paying the fee of 12s. 6d. one month previously. No midwife is employed.	*Nil.*	No co-operation, but patients are sometimes sent both to the wards and out-patient departments of Hospitals.	Members frequently move out of the district. No arrangement is made to transfer them to other Provident Dispensaries.	To a considerable extent.	£93. 17s. 6d. were received from subscriptions.	Sufficient to produce interest to the amount of £8. 14s. 7d.	1,200	4,000	1,300	4,300	33,328	9,222	1d. for each month in arrears.	*Nil.*	No record.
ORTH COMMON -	By a President, Treasurer, and Honorary Secretary, and a Committee of 14 members, 8 of whom are honorary and 6 benefit members. The Committee meets once a month to conduct generally the management of the Dispensary. Three members form a quorum.	The wage limit is 40s. a week.	*Nil.*	Weekly payments: Members under 14 years of age, 1d.; over 14, 1½d.; man, wife, and family, the children being under 14 years of age, 6d.	The boundaries are roughly limited to Battersea Rise on the north, Balham Road on the south, Bolingbroke Grove and St. James's Road on the west, and Leithwaite and Ramsden Roads on the east. One or two old members living outside there limits are attended by the Medical men.	There are 2 General Practitioners who attend every day except Sundays, one daily, from 9.30 to 10.30 a.m.; another four mornings from 10 to 11, and two evenings from 6 to 7; the third four mornings from 9.30 to 10.15, and two evenings from 7.45 to 8.30.	*Nil.*	The amount left after paying expenses is divided amongst them. In 1890 there were only 2 Medical Officers, and £63. 10s. were divided between them, one receiving £56. 13s. 2d., the other £6. 16s. 10d.)	The Committee.	There is a Secretary, who receives the members' payments, attends all meetings, and keeps the accounts and records of the Dispensary. He is not a benefit member, and his office is honorary.	One non-resident Dispenser, who receives £35 a year. He has a Clerk, who is paid £14 a year.	There are 2 male Collectors, one receives 5s. a week for collecting weekly subscriptions. The other collects the subscriptions of honorary members, and receives 8% on the amount he collects. In 1890 he received £7. 8s. 5d.	Members too ill to attend the Dispensary are visited at their own homes by a Medical Officer.	After three months' membership members can be attended in their confinements by arrangement with the Medical Officers; the fee not to exceed £1. 1s. No midwife is employed.	*Nil.*	*Nil.*	Members do not frequently move out of the district, and no arrangements are made to transfer them to other Provident Dispensaries.	No.	£36. 10s. were received from annual subscriptions and £10. 8s. 4d. from the Hospital Sunday Fund. Total, £47. 4s. 4d.	*Nil.*	260	662	291	668	1,792	1,508	After four weeks no medical attendance, and 1d. fine for fifth week, ½d. for each week afterwards up to the thirteenth, when membership is forfeited.	*Nil.*	No record.
S - - - -	By a Committee composed of 21 Governors elected annually at the General Meeting. The Committee meets monthly, oftener if required, to conduct generally the management of the Dispensary. Three members form a quorum.	*Nil.*	*Nil.* New members requiring immediate attendance pay 2s. 6d., or bring a Governor's letter, and one month's contribution in advance.	Monthly payments: Members 14 to 18, and widows, 4d.; adults, 6d.; man and wife, 8d.; man, wife, and child, 10d.; children under 14, 2d.	The united parish of St. Margaret and St. John, Westminster, excluding the hamlet of Knightsbridge.	Three Attending and 3 Honorary Consulting. The former attend on alternate days at 2.30.	One Resident Medical Officer, who must be doubly qualified, attends daily at the Dispensary, and visits patients at their own homes. He receives £100, per annum, with rooms, attendance, coals, and gas.	The Visiting Medical Officers receive 75 per cent. of the provident members' payments. In 1890 £274. 5s. 1d. were divided amongst them. The highest sum received by any one medical man was £138. 16s. 8d., and the lowest was £17. –s. 10d.	The Committee.	There is a Secretary, who performs all the usual duties of the office. He is not a benefit member. He receives a salary of £52. 10s., but in 1890 he was paid £73. 10s.	One non-resident Dispenser, who receives 35s. a week; he received in 1890 £94.	There is one male Collector, who receives 5% on the amount collected. He received in 1890 £12. –s. 5d.	Members too ill to attend the Dispensary are visited at their own homes by the Resident Medical Officer.	For attendance of medical man the member pays 7s. 6d., and the Dispensary 7s. 6d. For assistance by midwife, member pays 2s. 6d. and the Dispensary 2s. 6d.	The Dispensary subscribes £100 a year, under certain conditions, to the Westminster Nursing Committee, but this does not entitle to any special claim for specific nursing of patients.	No real co-operation, but patients are sent for admission to the wards with letters written by the Medical Officers or Committee.	Members do not frequently move beyond the district, and no arrangement is made to transfer those who do move to any other Provident Dispensary.	No.	In 1890 £309. 10s. 10d. were received in subscriptions and donations. £41. 13s. 4d. from Sunday Fund, £36. 13s. from the Saturday Fund, and £21. 4s. from rent, a total of £409. 1s. 2d.	Sufficient to produce £. s. d. 326 14 7	1,102	3,306	576	1,860	25,835	11,006	First month arrears 2d., second month 4d., third month, 8d.	*Nil.*	No record.
SICK CLUB - -	By a Committee of all the clergy of the District and some lay members. No representation of benefit members. It meets about four times a year to conduct the general business of the Dispensary. Three members form a quorum.	25s. a week for single persons; 40s. a week for a family.	6d. for a single person, 1s. for a family.	Weekly payments: Single person, 1d.; man, wife, and all their children under 14 years of age, 2d.	Fulham and Earl's Court. These limits can only be extended by the consent of the Medical Officer.	Twelve General Practitioners, who see the members at their own surgeries.	*Nil.*	They receive the amount of members' fees paid by each member who joins under them. In 1890 £881. 13s. 8d. were divided amongst them. The highest sum paid to any one medical man was £266. 10s., the lowest £2. 8s.	The Committee.	The Secretary performs all the duties of the office. He has an Assistant. The Secretary, who is not a benefit member, gets 12 per cent. of members' payments, out of which he pays his Assistant. In 1890 he received £69. 12s. 8d., and the Assistant £34. 16s. 4d.	*Nil.*	There is one male Collector, who collects the honorary members' subscriptions. He receives 5 per cent. commission on the amount he gets. In 1890 he only received 9s. 2d.	Members too ill to go to the doctor's surgery must send notice to him before 10 a.m., when they will be visited in their own homes.	For attendance of the doctor the member pays 15s. in instalments of 2s. 6d. a month for six months. No midwife is employed.	*Nil.*	*Nil.*	No record kept of removals.	No.	£9. 4s. were received in 1890 in subscriptions, and £20 working expenses from Earl's Court district. Total, £29. 4s. 1d.	*Nil.*	About 2,000	About 9,000	482	About 1,600	*Nil.*	Not recorded.	1d. a week for each week in arrears.	*Nil.*	No record.
SMITH SICK CLUB	By a Committee of honorary members. It meets annually and an occasion regulates. It manages the Institution, and appoints all officers. Three members form a quorum.	*Nil.*	6d. If ill at the time of joining 5s. extra.	Weekly payments: Single member, 2d.; child under 14, 1d.; man, wife, and all children under 14, 2d.	The Borough of Hammersmith. This area is very rarely extended, and never without the sanction of the Medical Officers.	Six General Practitioners, who see patients at their own surgeries between 9 and 11 a.m.	*Nil.*	They receive the amount of the members' fees paid by those who join under them. In 1890 £871. 19s. 2d. were divided amongst them. The highest sum received by any one medical man was £367. 16s. 8d. and the lowest was £14. 11s. 2d.	The Committee.	The Secretary receives the members' payments, and keeps the accounts, &c. He is not a benefit member. In 1890 he received £55 as salary.	*Nil.*	*Nil.*	Members too ill to attend at the doctor's surgery must send their members' cards to the surgery before 9 a.m., when they will be visited in their own houses.	For attendance of the doctor the member must pay 15s. in six monthly instalments of 2s. 6d. each. No midwife is employed.	*Nil.*	*Nil.*	Members do not move out of the district frequently.	Nearly so.	In 1890 only £1. 17s. 6d. was received from subscriptions.	*Nil.*	3,260	About 13,000	633	1,921	*Nil.*	Not recorded.	1d. a week for each week in arrears.	*Nil.*	No record.

N.B.—The following Provident Dispensaries and Clubs have sent no information:—Dalston Club and Notting Hill Dispensary.

P.—Poor Law Infirmaries and Sick Asylums in the Metropolis.—I. Notes on Nursing.

UNION.	Total Number of Beds.	Average Number of occupied Beds in 1890.	Number of Nursing Staff, their Salaries and Allowances. If convalescent Patients or Paupers are employed as Nurses.	If Hospital Trained.	Hours on Duty.	Hours of Duty and Annual Holiday.	Meal Hours.	Length of Service of Nurses and Probationers.	The Matron and her Assistants, their Duties and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	The proportion of Nurses to Patients by Day and by Night.	Sleeping Accommodation.	Pensions.	Training School for Nurses.
KENSINGTON	510	480	1 Matron, £100, board and lodging. 1 „ Assistant, £42.10s., board and lodging. 2 Night Superintendents, £62 „ 14 Staff Nurses, £367, 10s., board, lodging, washing, and uniform. 1 Head Nurse and Midwife, £30 „ and 1s. 6d. a week in lieu of beer. 31 Probationers, £470 „ 2 Male Lunatic Attendants, £72, board, lodging, washing, and uniform, and 1s. 6d. in lieu of beer. 2 Special Probationers pay £20 for a 3 months' course. The Association for promoting trained Nurses in Workhouses and Infirmaries pay £30 a year, and are allowed to send 1 Probationer at a time. Paupers are not employed at any time as Nurses.	Yes. At the Royal Free. Yes. Huddersfield. Yes. 1 at the Infirmary. 1 „ Royal Infirmary Manchester. STAFF NURSES. 2 at Lunatic Asylum. 4 „ Hospitals. 8 „ the Infirmary.	Staff Nurses from 7.45 a.m. to 8 p.m. Day Probationers from 6.45 a.m. to 8 p.m. Night Probationers from 7.45 p.m. to 8 a.m.	STAFF NURSES AND DAY PROBATIONERS. 2 hours daily. 8 hours on one day a week. 4 hours on alternate Sundays. NIGHT PROBATIONERS. 2½ hours daily. 1 whole day monthly. They all have 14 days' annual holiday.	STAFF NURSES. Breakfast 7.15 a.m. Lunch 10 a.m. Dinner 1 p.m. Tea 5 p.m. Supper 8 p.m. DAY PROBATIONERS. Breakfast 6.15 a.m. Lunch 10.30 a.m. Dinner 1.30 p.m. Tea 5 p.m. Supper 8 p.m. NIGHT PROBATIONERS. Breakfast 7.15 p.m. Ward meal 12.30 a.m. Dinner 8.15 a.m.	STAFF NURSES. 3 with 6 years. 1 „ 5 „ 1 „ 4 „ 2 „ 3 „ 4 „ 2 „ 3 under 2 „ PROBATIONERS. 16 under 1 year. 7 „ 2 „ 8 „ 3 „	The Matron has charge of the Nursing and domestic arrangements; the female servants are under her orders, with the sanction of the Medical Superintendent. She visits every Ward daily. She has 4 weeks' annual holiday. The Assistant Matron has supervision of Wards and Nurses, and generally carries out the Matron's orders. She has 3 weeks' annual holiday. The Night Superintendents visit the Wards during the night, and superintend the nursing. They have 3 weeks' annual holiday each.	2 Night Superintendents and 13 Probationers are on duty at night. The Probationers remain on night duty for 4 months at a time.	They can be promoted to be Staff Nurses after 3 years' training. They are placed on night duty after 4 months' training.	Are taken for 3 months' training in midwifery only. There are 2 in the Infirmary now, which is the number allowed by the Guardians. They each have 6 weeks' night duty.	There are 31 Wards and 2 maternity Wards, with from 42 to 6 beds in each. 1 Staff Nurse and 2 Probationers to a Ward by day, and 1 or 2 Probationers by night.	Each Staff Nurse has a separate bedroom. The Probationers have separate cubicles.	Pensions are granted on a scale laid down by the Local Government Board in circular letter, dated December 14, 1880.	There is a Training School for Nurses where Probationers receive practical instruction in the Wards, and lectures are given to them by the Matron and the Assistant Medical Officer. They must be between the ages of 21 and 30 years and of good character. They receive a salary of £12, rising annually to £18, and are provided with board, lodging, washing, uniform, and £3. 10s. in lieu of beer. They are taken on 2 months' trial. If found suitable they must enter into agreement to serve for 2 years from the expiration of which they may be found deserving, and having passed their examination, they will be accorded a certificate.
FULHAM	486	379	1 Matron, £80 to £100, board, lodging, and washing. 1 „ Assistant, £37. 10s. „ „ „ 1 Night Superintendent, £32 „ „ „ 10 Head Nurses, £20, rising £2 annually to £26. 4 Charge Night Nurses, £20 „ „ „ 15 Assistant Day Nurses, £16, rising £1 annually to £19. 6 „ Night Nurses, £18 „ „ to £21. The Nurses have board, lodging, washing, and uniform, and £3. 5s. in lieu of beer, if preferred. Paupers are not employed at any time as nurses.	Yes. At St. Pancras Infirmary, and at the Maternity Hospital, Glasgow. No. Yes. By the Workhouse Infirmary Nursing Association. 3 are Hospital trained, 7 with experience in other Poor Law Infirmaries. *Not stated.* No. No.	Head Nurses from 7 a.m. to 7.30 p.m. Assistant Day Nurses from 6.30 a.m. to 7.30 p.m. Charge Nurses and Assistant Nurses on night duty from 7.30 p.m. to 7 a.m.	HEAD NURSES AND DAY ASSISTANT NURSES. From 8 p.m. to 10 p.m. daily. 1 day a week from 4 to 10 p.m. Every third Sunday from 2 to 10 p.m. 1 whole day once a month. CHARGE NURSES AND NIGHT ASSISTANT NURSES. From 2 to 6.45 p.m. daily. 1 night off once a month. ANNUAL HOLIDAYS. Head and Charge Nurses 16 days. Assistant Nurses 14 days.	ALL DAY NURSES. Breakfast 7 a.m. Lunch 11 a.m. Dinner 1 and 1.30 p.m. Tea 4 p.m. Supper 7.30 p.m. NIGHT NURSES. Breakfast 7 p.m. Dinner 7 a.m.	HEAD NURSES. 2 with 7 years. 1 „ 5 „ 3 „ 4 „ 1 „ 3 „ 2 „ 2 „ 1 „ 1 „ CHARGE NURSES. 1 with 4 years. 1 „ 2 „ 2 „ 1 „ ASSISTANT NURSES. 1 with 4 years. 1 „ 3 „ 6 „ 2 „ 8 „ 1 „ 5 „ a few months.	The Matron is responsible for the immediate supervision of the day nurses. She aids the Medical Officers in keeping order and cleanliness, and has charge of the linen, crockery, &c. She visits each Ward once in the morning and once in the evening. She has 3 weeks' annual holiday. The Assistant Matron is responsible to the Matron for carrying out her instructions as to the needlework to be done, and in every way aids the Matron. She has 16 days' annual holiday. The Night Superintendent has supervision of the nursing by night. She has 16 days' annual holiday.	The Night Superintendent, 4 Charge and 6 Assistant Nurses take charge of the patients at night. They are practically permanently on night duty.	*Nil.*	*Nil.*	There are 28 Wards, 12 of which have 32 beds in each, the others vary, some have 10 or 5 beds in each. 1 Head Nurse and 1 Assistant Nurse to each Ward but 3, by day; 1 Charge and 1 Assistant Nurse to 3 Wards by night.	All have separate bedrooms except 4 Assistant Nurses who sleep in 1 room.	None.	*Nil.*
PADDINGTON	284	220 in summer, 260 in winter.	1 Matron, £100, board, lodging, and washing. 1 „ Assistant, £30 to £34, board, lodging, and washing. 1 Night Superintendent, £30 to £34 „ „ 8 Sisters, £26 to £30, board, lodging, washing, and uniform, and beer, but no money in lieu. 9 Assistant or Day Nurses, £16 to £20 „ „ „ „ 8 Night Nurses, £20 to £26 „ „ „ „ Paupers are not employed at any time as nurses in the Infirmary.	Yes. At Nightingale Home. St. Thomas's. Yes. 3 years at St. Bartholomew's. Yes. 3 years at St. Thomas's. All trained. Frequently untrained. *Not stated.*	Sisters and Day Nurses from 7 a.m. to 8.30 p.m. Night Nurses from 8.30 p.m. to 8.30 a.m.	SISTERS AND DAY NURSES. From 2 p.m. to 4.30 p.m., 2 days a week. From 2 p.m. to 10 p.m. 1 day a week. 1 Sunday morning, 1 Sunday evening. From 2 p.m. to 10 p.m. every 4th Sunday. NIGHT NURSES. 2½ hours daily. 1 night monthly. ANNUAL HOLIDAYS. Sisters 8 weeks. Nurses 2 weeks.	SISTERS AND DAY NURSES. Breakfast 6.30 a.m. Lunch 9 a.m. Dinner 1 or 1.30 p.m. Tea 5 or 5.30 p.m. Supper 9 p.m. NIGHT NURSES. Breakfast 8 p.m. „ 12 p.m. Ward Meals, 5 a.m. Dinner 9 a.m.	SISTERS. 4 with 5 years. 4 „ 1–2 years. NURSES. 2 with 2½ years. 3 „ 2 „ 6 „ 1 „ 6 „ 1 year and under.	The Matron has charge of the Nursing and domestic arrangements of the Infirmary. She visits each Ward daily. She has 31 days' annual holiday. The Assistant Matron has charge of the linen, has supervision of Scrubbers, and aids the Matron generally. The Night Superintendent visits the Wards at night. The Assistant Matron and the Night Superintendent have 3 weeks' annual holiday each.	The Night Superintendent and 8 Nurses are in charge of the patients by night. The Nurses are on night duty for 4 months at a time.	*Nil.*	*Nil.*	There are 16 Wards, 8 with 32 beds each, 6 „ 4 „ „, 2 „ 2 „ „ 1 Sister and 1 Assistant Nurse to each large Ward and adjacent small Ward. 36 beds by day and 1 Night Nurse to the same by night.	The Sisters and Senior Nurses have separate bedrooms in the administrative block. Some of the Junior Nurses sleep in double rooms.	None.	*Nil.*
DO. SICK WARDS OF WORKHOUSE.	298	260	1 Matron, £70, board and lodging. 6 Day Nurses, £20, rising to £26, board, lodging, washing, and uniform. 1 Night Nurse, £20 „ „ „ „ „ 1 „ Male Attendant, *Not stated.* 1 Midwife, £34, board, lodging, washing, and uniform. Paupers are employed as helpers in the Sick Wards under Art. 99, part 5.	Untrained. „	Day Nurses from 7 a.m. to 8 p.m. Night Nurses from 8 p.m. to 7 a.m.	DAY NURSES. No fixed time. NIGHT NURSES. 1 night a month. Nurses have 2 weeks' annual holiday, the Male Attendant 1 week.	No fixed time for meals.	DAY NURSES. 1 with 17 years. 2 „ 5 „ 3 „ 2 „ The Night Nurse has 15 months, and the Male Attendant 5½ years' service.	The Matron supervises the Nursing, &c.	The Night Nurse and Male Attendant are permanently on night duty.	*Nil.*	*Nil.*	*No information is given on this point.*	*No information is given on this point.*	None.	*Nil.*
CHELSEA	386	337	1 Matron, £80, rations, lodging, and washing, and £9. 10s. 8d. a year beer money. 1 „ Assistant, £30 to £35, board and lodging. 1 Night Superintendent, £30 to £35 „ „ 6 Head Nurses, £25 to £30 „ „ „ washing, and uniform, and £3. 10s. beer money. 29 Nurses, £18 to £24 „ „ 8 Probationers, *Nil.* Paupers are not employed at any time as Nurses in the Infirmary.	Yes. years at St. Bartholomew's. No Yes. 2 years Poplar and Stepney Sick Asylum. Trained at the Infirmary. „ „ „	Head Nurses from 7.30 a.m. to 7.30 p.m. Day Nurses and Probationers from 7 a.m. to 7.30 p.m. Night Nurses from 7.30 p.m. to 7 a.m.	HEAD NURSES. 12 hours a week. DAY NURSES. 11½ hours a week. PROBATIONERS. 15 hours a week. NIGHT NURSES. 12½ hours a week. ANNUAL HOLIDAYS. Head Nurses 3 weeks. Nurses and Probationers 14 days.	HEAD NURSES. Breakfast 7.15 a.m. Lunch 9 a.m. Dinner 12.45 p.m. Tea 5 p.m. Supper 9 p.m. DAY NURSES AND PROBATIONERS. Breakfast 7 a.m. Lunch 9 a.m. Dinner 1.30 p.m. Tea 6 p.m. Supper 8 p.m. NIGHT NURSES. Breakfast 7.15 p.m. Ward Meal 12 and 4 a.m. Dinner 7.15 a.m.	HEAD NURSES. 2 with 5 years. 1 „ 3 „ 1 „ 2 „ 1 „ 1½ „ 1 „ 1 „ NURSES. 1 with 5 years. 1 „ 3 „ 2 „ 2 „ 11 „ 1 „ 3 „ 6 months.	The Matron superintends the Nursing and domestic arrangements, has charge of bedding, linen, and Ward crockery. She visits every Ward daily. She has 28 days' annual holiday. The Assistant Matron helps the Matron in all her work. The Night Superintendent visits all the Wards several times during the night, and generally supervises the Night Nursing. She and the Assistant Matron have 3 weeks' annual holiday.	The Night Superintendent and 7 Nurses take nursing charge of the patients at night. The Nurses revert to day duty after 4 months' night duty.	They can be promoted to be Nurses after 1 year's training. They are placed on night duty for 1 month during training. They can after training become Head Nurses.	*Nil.*	*Nil.*	The proportion of Nurses to patients is by day 1 to 14, by night 1 to 48.	Nurses sleep in cubicles or rooms.	None.	*Nil.*
ST. GEORGE'S	776	660	1 Matron, £100 a year, board and lodging. 1 „ Assistant, £30, rising £2 annually to £40, board and lodging. 1 Night Superintendent, £38, and £3 a year in lieu of uniform, and usual resident allowances. 6 Head Nurses, £24 to £30 „ „ „ and £3 in lieu of beer. 29 Day Nurses, £18 to £23, and £1. 10s. „ „ „ 12 Night Nurses, £21 to £26 „ „ „ Extra Assistant Nurses, £17. Convalescent patients only (not paupers from the Workhouse) assist the Matron in bedmaking, dusting, sweeping, Ward cleaning, and food carrying.	Yes. At the Poplar and Stepney Sick Asylum. At the Infirmary. Yes. 12 years at Royal Sea Bathing Infirmary, Margate. Trained at the Infirmary. „ „ „ „ „ „	Head Nurses from 6.30 a.m. to 7.30 p.m. Day Nurses from 6.30 a.m. to 7.30 p.m. Night Nurses from 7.30 p.m. to 6.30a.m.	HEAD NURSES. 11 hours weekly. DAY NURSES. 11 hours weekly. NIGHT NURSES. 13 hours weekly. All have 14 days' annual holiday.	HEAD AND DAY NURSES. Breakfast 6.45 a.m. Lunch, *not stated.* Dinner 1 p.m. Tea 5 p.m. Supper, *not stated.* NIGHT NURSES. Breakfast 7 a.m. Ward Meal 12 midnight. Dinner 6.30 a.m.	HEAD NURSES. 4 with 13 years. 1 „ 9½ „ 1 „ 4½ „ NURSES. 1 with 10 years. 4 „ 7 „ 5 „ 3 „ 4 „ 2 „ 11 „ 1 „ 19 „ 6 months.	The Matron is in charge of the Nursing and the domestic arrangements. She or her Assistant visits every Ward daily. She has 3 weeks' annual holiday. The Assistant Matron attends to the linen, cuts out garments, supervises Scrubbers, takes charge of Dormiteries and Dormitory Maids. The Night Superintendent supervises the night nursing. She and the Assistant Matron have 14 days' annual holiday.	The Night Superintendent and 12 Nurses take charge of the nursing by night. The Nurses are permanently on night duty.	*Nil.*	*Nil.*	44 Wards, 25 with 28 beds in each, 19 with 4 beds in each. 1 Nurse in each Ward, and 1 Head Nurse to 4 Wards by day. 1 Night Nurse to 2 Wards by night.	The Head Nurses have separate bedrooms, the other Nurses sleep 2 or 3 in a room.	None.	Lectures are given to the Nurses and certificates of competency given to those who pass satisfactory examinations.

P.—Poor Law Infirmaries and Sick Asylums in the Metropolis.—I. Notes on Nursing—*continued*.

UNION.	Total Number of Beds.	Average Number of occupied Beds in 1890.	Number of Nursing Staff, their Salaries and Allowances. If convalescent Patients or Paupers are employed as Nurses.	If Hospital Trained.	Hours on Duty.	Hours off Duty and Annual Holiday.	Meal Hours.	Length of Service of Nurse and Probationers.	The Matron and her Assistants, their Duties and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	The proportion of Nurses to Patients by Day and by Night.	Sleeping Accommodation.	Pensions.	Training School for Nurses.
LONDON SICK ASYLUM -	264	239	1 Matron - £80, furnished apartments, board, coals, gas, and washing. 1 Night Superintendent - £30, board, lodging, washing, uniform, and £3 10s. in lieu of beer. 9 Head Nurses - } *No information is given as to salaries or allowances.* 8 Assistant Day Nurses - } 6 Night Nurses - } Paupers are not employed at any time as Nurses at the Infirmary.	No. No. 8 Head Nurses are trained. Assistant Nurses untrained. *Night Nurses not stated.*	Head Nurses from 7 a.m. to 8.30 p.m. Assistant Day Nurses from 6 a.m. to 8.30 p.m. Night Nurses from 8.30 p.m. to 7 a.m.	HEAD NURSES. 13½ hours weekly. ASSISTANT DAY NURSES. 10½ hours weekly. NIGHT NURSES. 13½ hours weekly. ANNUAL HOLIDAYS. Head Nurses 16 days. Assistant and Night Nurses 14 days.	HEAD NURSES. Breakfast 7 a.m. Dinner 1.15 p.m. Tea 5.30 p.m. Supper 9 p.m. *Hours of other meals not stated.* ASSISTANT DAY NURSES. Dinner 1.30 p.m. NIGHT NURSES. Dinner 9 a.m. winter, 4 p.m. summer. *Hours of other meals not stated.*	HEAD NURSES. 2 with 16 years. 1 „ 15 „ 1 „ 13 „ 2 „ 1 „ 1 „ 8 months. 1 „ 4 „ ASSISTANT DAY NURSES. 1 with 3 years. 1 „ 2 „ 1 „ 1½ „ 1 „ 1¼ „ 1 under 1 year. NIGHT NURSES. 2 with 3½ years. 1 „ 2½ „ 2 „ 2 „ 1 „ 1 „	The Matron aids the Medical Officer and Steward in enforcing order, cleanliness, and punctuality, &c., superintends making and marking all clothing, sees bed and bedding are kept clean, &c. She has 28 days' annual holiday. The Night Superintendent supervises the night nursing. She has an annual holiday of 16 days.	The Night Superintendent and 6 Nurses take charge of the Nursing at night. They remain permanently on this duty.	*Nil.*	*Nil.*	12 Wards. 6 with 34 beds in each. 2 „ 17 „ 1 „ 15 „ 2 „ 4 „ 1 „ 3 „ 1 Head Nurse and 1 Assistant Nurse to a Ward by day. 2 Night Nurses for each block of 3 Wards by night.	Head Nurses in rooms attached to their Wards. Night and Assistant Nurses 2 in a room.	None.	*Nil.*
HONE - - - -	744	Summer 602, Winter 696.	1 Matron - £150 a year, board and lodging. 2 Assistant Matrons - { First £50 to £70, board and lodging. Second £35 to £50 „ „ 2 Night Superintendents - £32 each, board and lodging. 12 Head Nurses - £28 to £32, board, lodging, washing, and uniform, beer or milk allowed. 36 Nurses - £20 to £25, board, lodging, and washing. 15 Probationers - Paid by the Committee of the Nightingale Fund £10 for 1 year each, board, lodging, and washing. Paupers are not at any time employed as Nurses in the Infirmary.	Yes. At Nightingale School. Yes. At St. Thomas's Hospital 2 years. Yes. At Royal Infirmary, Edinburgh, 2 years. Yes. One at St. Marylebone Infirmary 3 years; second, St. Thomas's Hospital 2 years. Yes. All are trained. Yes. Trained at a Hospital for at least 1 year before coming to the Infirmary.	Head Nurses from 8 a.m. to 8.30 p.m. Ward Nurses and Probationers from 7 a.m. to 8.30 p.m. Night Nurses from 8.30 p.m. to 8.30 a.m.	HEAD NURSES. 2 hours on alternate afternoons. 2 evenings a week. 1 whole day monthly, and half a day every third Sunday. An annual holiday of 28 days. WARD NURSES AND PROBATIONERS. 2 hours on alternate days. From 6 to 10 p.m. once a week. 1 whole day monthly, and half a day every third Sunday. NIGHT NURSES. From 9.30 to 11 a.m. daily. 1 night off monthly. NURSES. Have 21 days' annual holiday.	HEAD NURSES. Breakfast 7.30 a.m. Dinner 11.45 a.m. Tea 5 p.m. Supper 9 p.m. WARD NURSES AND PROBATIONERS. Breakfast 6.30 a.m. Dinner 11.45 or 12.15 a.m. Tea 5 or 5.30 p.m. Supper 9 p.m. NURSES ON NIGHT DUTY. Breakfast 8 p.m. Ward Meals 11.20 p.m. and 2 a.m. Dinner 9 a.m.	HEAD NURSES. 1 with 10 years. 1 „ 7 „ 1 „ 6 „ 1 „ 3 „ 3 „ 2 „ 1 „ 1 „ 2 under 1 year. WARD NURSES. 1 with 7 years. 1 „ 4 „ 3 „ 2 „ 5 „ 1½ „ 2 „ 1 „ 11 under 1 year. 4 vacancies. The Probationers are all under 1 year's service.	The Matron aids the Medical Superintendent and Steward in enforcing order, punctuality, cleanliness, &c., and generally to observe and fulfil all lawful orders and directions of the Guardians suitable to her office. She visits on an average 8 wards daily. She has an annual holiday of 6 weeks. The first Assistant Matron looks after the Nurses' dormitories, the Nurses' meals, Matron's storeroom, and other work as directed. The second Assistant takes charge of Nurses' and Probationers' Home, and gives theoretical instruction to the Probationers. The Night Superintendents supervise the Night Nurses and help them when necessary with the work. The Assistant Matron and Night Superintendents have 28 days' annual holiday each.	The Night Superintendents and 12 Nurses take charge of the patients at night. The Nurses remain on night duty for 4 months.	They can be promoted to be Nurses after 1 year's training. They are placed on night duty occasionally for short periods after not less than 6 months' training. They can become Head Nurses after not less than 2 years' training.	*Nil.*	The proportion of Nurses to patients is roughly 1 Nurse and probationers by day, and 1 Night Nurse by night, to a floor containing 62 beds.	All have separate bedrooms.	The Guardians have power to grant a superannuation allowance on failure of health.	The Training Home was opened in 1884, and consists of a separate bedroom for the Assistant Matron in charge and each of the Probationers; also of an invalid bedroom and sitting-room, and a large class-room. It also has a separate wing set apart for the Night Nurses, who each have their own bedroom. To every 7 rooms there is a bath-room with hot and cold water, and there are lavatories at each end of the Home.
- - - - - -	176	*No information is given on any of the points asked for in the Memorandum of Information required from this Institution. It is stated that "the form does not apply to Hampstead Workhouse. Certain wards are appropriated to the sick poor, but there is no separate Infirmary sister, Matron, and no resident Medical Officer. There is a Head Nurse and certain subordinates, and there are no special regulations on the subject of duties, &c., but the general definition of the duties of a Nurse contained in the Orders of the Local Government Board for the government of the Workhouse generally."*															
AS - - - - -	536	495	1 Matron - £100 a year, rations, lodging, and washing, and £4 in lieu of beer. 1 „ Assistant - £40 a year, rations, lodging, washing, and uniform. 1 Night Superintendent - £30 a year, „ „ „ „ 17 Day Nurses - £400 a year, „ „ „ „ 12 Night „ - £250 a year, „ „ „ „ 6 Probationers - £60 a year, „ „ „ „ Paupers are not employed at any time as Nurses in the Infirmary.	Yes. At the Royal Infirmary, Edinburgh. Yes. 1 year at St. Pancras Infirmary. Yes. „ „ „ „ The majority are trained. „ „ „ „	Night Superintendent from 8.30 p.m. to 7 a.m. Day Nurses from 7 a.m. to 8.30 p.m. Night Nurses from 8.30. p.m. to 7 a.m. Probationers from 7 a.m. to 7 p.m.	NIGHT SUPERINTENDENTS. Remainder of day after 7 a.m. Annual holiday of 3 weeks. DAY NURSES. 1½ hours daily. 3 hours every Sunday. 1½ days a month. NIGHT NURSES. 2½ hours a day. 1 night once a month. PROBATIONERS. 1½ hours daily. Nurses and Probationers have 16 days' annual holiday.	DAY NURSES AND PROBATIONERS. Breakfast 6.30 a.m. Lunch 11 a.m. Dinner 1.30 p.m. Tea 4 and 4.30 p.m. Supper 8.30 and 9 p.m. NIGHT NURSES. Breakfast 7.15 p.m. Ward meal midnight. Dinner, summer, 7.30 a.m., „ winter, 11.30 a.m.	NURSES. 1 with 21 years. 2 „ 7 „ 2 „ 6 „ 3 „ 5 „ 1 „ 4 „ 2 „ 3 „ 4 „ 2 „ 1 „ 1¼ „ 5 „ 1 „ 1 „ 3 months. Probationers are all under 1 year's service.	The Matron assists the Medical Officers in enforcing order, punctuality, cleanliness, and the observance of the regulations for the government of the Infirmary on the part of the female servants therein, and she reports to the Medical Superintendent any negligence on their part. She superintends the making and mending of the clothing, sees that all the beds and bedding are kept clean, takes charge of all crockery and the linen, &c. She visits each ward daily. She has an annual holiday of 1 month. The Assistant Matron generally aids the Matron in her work. The Night Superintendent generally supervises the night nursing, keeps a record of the condition, &c. of the patients, and presides at the Night Nurses' meals. She and the Assistant Matron have 3 weeks' annual holiday each.	The Night Superintendent and 12 Nurses take charge of the patients by night. Five of the Nurses are permanently on night duty; the remainder continue on that duty until a vacancy occurs in the day staff.	They can be promoted to Nurses if considered competent after 1 year's training. They are placed on night service in cases of emergency, under the supervision of a trained Night Nurse, after 6 months' training.	*Nil.*	*No information given on this point.*	*No information given on this point.*	No regular system, only what may be provided by the Guardians and sanctioned by the Local Government Board.	*Nil.*
- - - - - -	Certified for 340, extra beds now placed in nearly every ward.	568	1 Matron - £80 a year, board, lodging, and washing. 1 Head Nurse - £30 a year, board, lodging, washing, and uniform, beer or £3 in lieu. 14 Day Nurses - { £20, rising £1 annually to £25, but 2 Nurses in the Separation Wards have from £22 rising £1 annually to £27, and the Nurse at the Lying-in-Ward from £20 to £30. They have board, lodging, uniform, and washing, beer or £3 in lieu. 3 Night „ - { Convalescents do not assist, but one pauper from the Workhouse assists the Nurse in each ward.	Yes. At St. Bartholomew's Hospital. No. Nurses have at least 1 year's training in a public institution before entering the Infirmary.	Head and Day Nurses from 7 a.m. to 8 p.m. Night Nurses from 8 p.m. to 7 a.m.	HEAD NURSES. 13 hours a week. DAY NURSES. 11 hours a week. NIGHT NURSES. 13 hours a week. All Nurses have 14 days' annual holiday.	HEAD AND DAY NURSES. Breakfast 6.30 a.m. Lunch 10 a.m. Dinner 1 p.m. Tea 5.30 p.m. Supper after 8 p.m. NIGHT NURSES. Breakfast 7.30 p.m. Ward meal. *Hour for dinner not stated.*	The Head Nurse has 18 years' service. NURSES. 1 with 13 years. 4 „ 5 „ 4 „ 4 „ 2 „ 3 „ 3 „ 1 „ 6 under 1 „	The Matron superintends the nursing. She visits each ward twice a day. No fixed length of time for annual holiday.	There are 3 Nurses who take charge of the patients by night. They are permanently on night duty.	*Nil.*	*Nil.*	*No information given on this point.*	The Nurses sleep in small rooms adjoining their several wards.	No regular system. The Guardians sometimes grant superannuation allowances under the Acts enabling them to do so. Each case is dealt with on its merits.	*Nil.*
- - - - - -	Certified for 437.	*No information has been received from this Infirmary.*														
- - - - - -	625	590	1 Matron - £90 a year, board and lodging. 1 „ Assistant - £35 a year, „ „ 1 Night Superintendent - £25 to £30, „ „ 8 Charge Nurses - £25 to £30 } *No information is given with regard* 9 Night „ - £20 } *to allowances.* 18 Assistant Nurses - £17 to £20 } Neither convalescent patients or paupers from the Workhouse are employed at any time to assist the Nurse in the ward.	Yes. At St. Thomas's Hospital. No. Yes. Two years at Children's Hospital, Great Ormond Street. Charge and Night Nurses have had 1 year's training at various places before entering the Infirmary.	Charge and Assistant Nurses from 6.30 a.m. to 7.30 p.m. Night Nurses from 7.30 p.m. to 6.30 a.m.	*Hours off duty for Day Nurses not stated.* NIGHT NURSES. 13 hours a week. ASSISTANT NURSES. 11 hours a week. They all have a fortnight's annual holiday.	CHARGE AND ASSISTANT NURSES. Breakfast 6 a.m. Dinner 1 and 1.30 p.m. Tea 4 p.m. Supper 7.30 p.m. NIGHT NURSES. Breakfast 7 p.m. Dinner 6 a.m.	CHARGE NURSES. 1 with 8 years. 1 „ 5 „ 3 „ 2 „ 3 „ 1 „ NIGHT NURSES. 1 with 4 years. 1 „ 1½ „ 1 „ 1 „ 6 under 1 „ ASSISTANT NURSES. 4 under 3 years. 2 „ 2 „ 7 „ 1 „	The Matron has charge of the nursing and domestic arrangements of the Infirmary. She visits each ward daily. She has 3 weeks' annual holiday. The Assistant Matron generally aids the Matron in the work. She has an annual holiday of 3 weeks. The Night Superintendent supervises the night nursing, and makes reports. She has a fortnight's annual holiday.	The Night Superintendent and 9 Nurses take charge of the patients at night. They are permanently on night duty.	Assistant Nurses are promoted to be Nurses after a length of training depending on their previous experience. They are not placed on night duty.	*Nil.*	The proportion of Nurses to patients is by day 1 to 2¼, and by night 1 to 62.	*No information given on this point.*	Pensions are given according to Local Government Board's Orders and Scale laid down, viz., after 10 years' service ⅛ths of the salary.	*Nil.*
DON - - - -	645	592	1 Matron - £85 a year, board and lodging. 1 Head Nurse - £40 a year, „ „ 1 Night Superintendent - £35, „ „ 9 Day Nurses - £20 to £30 } Board, lodging, uniform, and beer. 8 Night „ - £20 to £25 } *Salaries not stated* 18 Assistant Day Nurses - £20 to £25 } 2 pints daily for males or £4 in lieu, 1½ pints daily for females or £3 in lieu. 2 Male Imbecile Attendants - £20. No convalescents or paupers from the Workhouse are employed at any time to assist the Nurse in the wards.	Yes. At the Sheffield General Infirmary 4 years. Yes. At the London Hospital 4 years. Untrained. 7 of the Day Nurses are trained. Assistant Nurses are trained in the Infirmary.	Day and Assistant Nurses from 6.30 a.m. to 7.45 p.m. Night Nurses from 7.30 p.m. to 7 a.m.	Day and Assistant Nurses have half a day once a week, and half a day every other Sunday, also from 7.45 to 10 p.m. four times a week. Night Nurses have 3 hours daily, and 1 day and night once in three weeks. They all have from 10 to 14 days' annual holiday.	DAY AND ASSISTANT NURSES. Breakfast 7 or 7.30 a.m. Lunch 10.15 a.m. Dinner 1.15 or 2 p.m. Tea 5.30 or 6 p.m. Supper 8.15 p.m. NIGHT NURSES. Breakfast 7 p.m. Dinner 6.30 a.m.	DAY NURSES. 3 with 17 years. 1 „ 14 „ 1 „ 7 „ 1 „ 3 „ 3 „ 2 „ 3 „ 1 „ ASSISTANT NURSES. 1 with 8 years. 2 „ 2 „ 15 „ 1 „ 1 with 14 years. 1 „ 4 „ 1 „ 3 „ 1 „ 2 „ 4 „ 1 „	The Matron has charge of the domestic arrangements, cleanliness, and good order of the wards, and also supervises the female servants. She has an annual holiday of 3 weeks. The Head Nurse superintends the whole of the wards in the Infirmary, and also all the Nurses and Assistants employed therein. She is responsible for the efficient discharge of their duties of the Day and Night Nurses and Assistants, and has many other duties to perform. The Night Superintendent has charge of the wards by night. She and the Head Nurse have 3 weeks' annual holiday.	There are 8 Night Nurses who are permanently on that duty.	*Nil.*	*Nil.*	*No information is given on this point.*	Head, Day, and Night Nurses have separate bedrooms. Assistant Nurses sleep in rooms accommodating 3 to 8 in each.	Pensions are granted at the discretion of the Guardians according to scale sanctioned by the Local Government Board. One Night Nurse is now receiving a pension of £18 a year.	During the winter months the Nurses attend lectures on Nursing, Anatomy and Physiology. They also receive clinical instruction in the Wards.

P.—Poor Law Infirmaries and Sick Asylums in the Metropolis.—I. Notes on Nursing—*continued*.

UNION.	Total Number of Beds.	Average Number of occupied Beds in 1890.	Number of Nursing Staff, their Salaries and Allowances. If Convalescent Patients or Paupers are employed as Nurses.	If Hospital Trained.	Hours on Duty.	Hours off Duty and Annual Holidays.	Meal Hours.	Length of Service of Nurses and Probationers.	The Matron and her Assistants, their Duties and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	The Proportion of Nurses to Patients by Day and by Night.	Sleeping Accommodation.	Pensions.	Training School for Nurses.
SHOREDITCH	472	423	1 Matron, £80 a year, board and lodging. 1 „ Assistant, £35 to £40 „ „ „ 1 Night Superintendent, £30 „ „ „ 1 Midwife, £32 to £40 „ „ „ washing and uniform. 12 Day Nurses, £21 to £26 „ „ „ „ 1 „ Nurse Supernumerary, £20 „ „ „ „ 5 „ Nurses Assistant, £17 to £20 „ „ „ „ 1 „ Attendant on Male Lunatics, £45, rations and uniform. 1 „ „ Female „ £22 to £26, board, lodging, washing and uniform. 1 Night „ „ £21 to £26 „ „ „ „ 1 „ „ Male „ £71. 10s., rations and uniform. „ „ 6 „ Nurses, £20 to £26, board, lodging, washing and uniform. 2 „ „ Supernumerary, £20 „ „ „ „ 2 „ „ Assistant, £17 to £20 „ „ „ „ Paupers do not assist to nurse, but the convalescents assist in serving meals, needlework, or light domestic work within the wards.	No. No. Yes, at St. Thomas's, Certified Obstetrical Society. Yes. One year's training before entering Infirmary at a Public Hospital or a Poor Law Infirmary, is the minimum.	DAY NURSES. From 6.30 a.m. to 8 p.m. NIGHT NURSES. From 7.45 p.m. to 7 a.m.	DAY NURSES. From 2 to 10 p.m. once a week. „ 6 to 10 p.m. „ „ „ 8 to 10 p.m. „ „ „ 1 to 11 p.m. „ a month. „ 1 to 10 p.m. every third Sunday. NIGHT NURSES. From 2.35 p.m. to 5 p.m. daily. One whole day and night off fortnightly. Nurses have an annual holiday of 14 days.	DAY NURSES. Breakfast 6.15 a.m. Lunch 10.15 a.m. Dinner 1.30 or 2 p.m. Tea 6 p.m. Supper 8.30 p.m. NIGHT NURSES. Breakfast 5 p.m. Dinner 7.5 a.m.	The Periods of Nurses' services vary very much. Changes are constantly being made.	The Matron has control over the female servants, and has charge of the clothing, linen, crockery, &c., and keeps order and cleanliness in the wards. The Assistant Matron helps the Matron in matters relating to the clothing and bedding; she presides at the Nurses' dinner, and supervises the scrubbers. She has nothing to do with the Nurses in their nursing duties. The Night Superintendent supervises the Night Nurses on duty. Her round of visits are checked by tell-tale clocks in the wards. They all have an annual holiday of 2 weeks.	The Night Superintendent and 12 Nurses have charge of the patients at night. They are permanently on night duty.	*Nil.*	*Nil.*	The proportion of Nurses to patients is on an average by day 1 to 12·8, by night 1 to 19·5.	*No information is given on this point.*	The Guardians have discretionary power to superannuate all officers and servants employed by them. At the present time there are three former Nurses receiving £20 a year each.	*Nil.*
BETHNAL GREEN	—	—	*No information has been received from this Institution.*													
WHITECHAPEL	590 under amended certificate, 689 under previous certificate.	598	1 Matron, £100 a year, board, lodging and washing. 1 „ Assistant, £35 „ „ „ „ 1 Night Superintendent, £30 to £35 „ „ „ and uniform. 4 Head Nurses, £23 to £30 „ „ „ „ and £1 a quarter in lieu of beer. 24 Nurses, £22 to £22 „ „ „ „ „ 6 Probationers, *Nil*, board, lodging, and washing only. Neither convalescent patients nor paupers from the Workhouse are employed to nurse in the wards. They occasionally assist in light cleaning.	Yes, at St. Thomas's. Yes, at St. Thomas's. Yes, at St. Bartholomew's 3 years. Yes, all. Must have been not less than one year in a General Hospital or Poor Law Infirmary.	Head Nurses from 8 a.m. to 8 p.m. Nurses on day duty from 7.30 a.m. to 8 p.m. Probationers from 7.30 a.m. to 7.30 p.m. Nurses on night duty from 8 p.m. to 8 a.m.	HEAD NURSES, AND NURSES ON DAY DUTY. One half a day each week, one evening each week and a half-day every third Sunday. PROBATIONERS. One half a day each week, from 3 to 5 p.m. once each week, and a half-day every third Sunday. NURSES ON NIGHT DUTY. Two and a half hours daily, from 3 to 7.30 p.m. once a week, alternate Sunday mornings and evenings, and a whole night once a month. ANNUAL HOLIDAYS. All nurses 21 days. Probationers 14 days.	HEAD NURSES, NURSES ON DAY DUTY, AND PROBATIONERS. Breakfast 7 a.m. and 7.30. Lunch 11 a.m. Dinner 1 p.m. Tea 4.30 p.m. Supper 8 p.m. NURSES ON NIGHT DUTY. Breakfast 7 p.m. Ward meals. Dinner 8.15 a.m.	HEAD NURSES. 1 with 8 years. 1 „ 3 „ 1 „ 1½ „ 1 „ 1 year. NURSES. 1 with 14 years. 1 „ 9 „ 1 „ 8 „ 1 „ 6½ „ 2 „ 5 „ 1 „ 3½ „ 1 „ 3 „ 3 „ 2 „ 6 „ 1 to 2 years. 3 „ 1 year. 4 under 1 „ The Probationers have less than one years' service.	The Matron has charge of the Nursing, and is also housekeeper and generally supervises the domestic arrangements of the Infirmary. She visits every ward daily, and frequently more than once. She has an annual holiday of 1 month. The Assistant Matron takes charge of clothing stores, supervises all needle work, presides at Nurses' meals, directs arrangements as to changes of bedding, and acts in the absence of the Matron. The Night Superintendent supervises the Night Nursing, presides at Night Nurses' meals, and sees to the good order of Night Nurses' rooms. She and the Assistant Matron have an annual holiday of 3 weeks.	The Night Superintendent and 9 Nurses take charge of the patients at night. The latter remain on night duty for four months at a time.	Undertake to serve for one year. They can be promoted to be Nurses after their year's training, and to be Head Nurses if considered qualified and deserving. They are occasionally placed on short night service after four months' training.	*Nil.*	The proportion of Nurses to patients is by day 1 to 22, by night 1 to 53. It is contemplated to increase the Night Nursing staff.	Each Nurse has a separate bedroom.	Pensions are granted under 27 and 28 Vict. c. 42. 1/45th of annual salary and emoluments in respect of the first ten years' service, and 1/60th for each succeeding year.	*Nil.*
ST. GEORGE'S-IN-THE-EAST	416	325	1 Matron, £60 a year, board, lodging, washing, and £9 a year in lieu of beer. 1 „ Assistant, £30 a year, board, lodging, washing, and £3. 10s. in lieu of beer. 1 Night Superintendent, £30 to £35 „ „ „ „ and uniform. 6 Charge Nurses, £25 to £30 „ „ „ „ „ 27 Nurses, £20 to £25 „ „ „ „ „ Neither convalescent patients nor paupers from the Workhouse are employed to nurse in the wards.	Yes, at King's College. Yes, London Hospital. Yes, Guy's Hospital. Yes, all but one, who was trained at Brownlow Hill, Liverpool. Trained for one year at various Hospitals and Infirmaries before coming to the Infirmary.	Head Nurses and Nurses on day duty, from 7 a.m. to 8 p.m. Night Nurses from 8 p.m. to 8 a.m.	HEAD NURSES AND NURSES ON DAY DUTY. 3 hours on alternate afternoons. NURSES ON NIGHT DUTY. 2½ hours daily; one night off once a month. They all have 3 weeks' annual holiday.	HEAD NURSES AND NURSES ON DAY DUTY. Breakfast 6.30 a.m. Lunch 9.45 a.m. Dinner 1 p.m. and 1.30 p.m. Tea 4.30 p.m. and 5 p.m. Supper 8.15 p.m. NURSES ON NIGHT DUTY. Breakfast 7.30 p.m. Ward meals midnight and 4 a.m. Dinner 9 a.m.	HEAD NURSES. 1 with 8 years. 1 „ 6 „ 1 „ 5 „ 1 „ 4 „ 1 „ 3 „ 1 „ 2 „ NURSES. 1 with 13½ years. 1 „ 8 „ 1 „ 6 „ 2 „ 4½ „ 2 „ 3 „ 3 „ 2½ „ 5 „ 1½ „ 2 „ 1 year. 10 under 1 „	The Matron is responsible for the nursing arrangements and the conduct of the Nurses. She has control over the female servants, and has charge of the linen and stores for the wards. She acts as housekeeper. She visits every ward daily. She has an annual holiday of 1 month. The Assistant Matron helps the Matron generally in the nursing department and in the Matron's stores. The Night Superintendent has the general supervision of Night Nurses. She and the Assistant-Matron have 3 weeks' annual holiday.	The patients at night are nursed by the Night Superintendent and 13 Nurses. The latter are housekeeper. She visits every ward daily. She has an annual holiday of 1 month. The Assistant Matron helps the Matron generally in the nursing department and in the Matron's stores. The Night Superintendent has the general supervision of Night Nurses. She and the Assistant-Matron have 3 weeks' annual holiday.	*Nil.*	*Nil.*	*No information is given on this point.*	Two Nurses sleep in one room.	The Board of Guardians have power to grant pensions.	*Nil.*
MILE END, OLD TOWN	469	About 420	1 Matron, £70 a year, board, lodging, and washing. 1 „ Assistant, £30 „ „ „ „ 1 Night Superintendent, £30 „ „ „ „ 6 Head Nurses, £20 to £25 „ „ „ „ „ uniform 22 Nurses, £17 to £20 „ „ „ „ and beer or beer money. 3 Probationers, £10 „ „ „ „ „ Neither convalescent patients nor paupers from the Workhouse are employed to assist to nurse in the wards; at least it is not recognised or encouraged.	No. Yes. At Brownlow Hill Infirmary, Liverpool. No. None are trained. No period of training is required before entering the Infirmary; many have had no training.	Head Nurses and Nurses on day duty, from 8 a.m. to 8 p.m. Nurses on night duty from 8 p.m. to 8 a.m. *No hours given for Probationers.*	HEAD NURSES. 4 hours daily and every third Sunday. NURSES ON DAY DUTY. 4 hours daily. NURSES ON NIGHT DUTY. 2 hours daily; half a day weekly, and one evening weekly. Nurses have each an annual holiday of 14 days. *No hours off or annual holidays given for Probationers.*	HEAD NURSES AND NURSES ON DAY DUTY. Breakfast 7.30 a.m. Lunch 10.30 a.m. Dinner 1 or 2 p.m. Tea 4.30 p.m. Supper 8 p.m. NURSES ON NIGHT DUTY. Breakfast 7 p.m. Dinner hour *not given.* *No meal hours given for Probationers.*	HEAD NURSES. 1 with 8 years. 1 „ 7 „ 4 „ 1 „ *No information given as to the length of service of Nurses.* The Probationers have less than one years' service.	The Matron acts as housekeeper, and looks after linen, bed and bedding, crockery, and is responsible for the domestic arrangements of the Infirmary. The Assistant Matron has entire control of the Nursing arrangements, subject to the Medical Superintendent. The Night Superintendent visits the wards at night and controls the Night Nurses. She sees to the admission of urgent cases in the night. The Matron and her Assistant have 3 weeks' annual holiday; the Night Superintendent 2 weeks.	The patients are at night under the charge of the Night Superintendent and 9 Nurses. The latter remain on night duty for two months at a time.	It is not yet decided whether they can be promoted to be Nurses. They are placed on night duty after a training of, say, six months. Some Probationers have been made Head Nurses.	*Nil.*	The proportion of Nurses to patients is by day 1 to 22, and by night 1 to 47.	Two Nurses occupy one bedroom.	*Nil.*	*Nil.*
POPLAR AND STEPNEY SICK ASYLUM	586	548	1 Matron, £110 a year, board and lodging. 1 „ Assistant, £40 „ „ „ 1 Night Superintendent, £35 „ „ „ 6 Head Nurses, £24 to £32 a year, board and lodging. 20 Day „ £17. 10s. to £21 „ „ „ 13 Night „ £21 to £26 „ „ „ Convalescents do give such help to assist to nurse, &c., in the wards as they are able.	No. No. No. No. There is no stated length of training necessary before joining the Infirmary.	Head and Day Nurses from 6.30 a.m. to 7.30 p.m. Night Nurses from 7.30 p.m. to 6.30 a.m.	HEAD AND DAY NURSES. Only for meals. NIGHT NURSES. *None stated.* ANNUAL HOLIDAYS. Head Nurses 2 weeks. Day „ 10 days. Night „ 2 weeks.	HEAD AND DAY NURSES. Breakfast 7.30 a.m. and 8 a.m. Lunch *not stated.* Dinner 1 p.m. to 1.45 p.m. Tea 5 p.m. to 6.30 „ Supper *not stated.* NIGHT NURSES. Breakfast 7 p.m. Ward Meal midnight. Dinner 9.30 a.m.	HEAD NURSES. 1 with 19 years. 1 „ 9 „ 1 „ 4 „ 1 „ 1 year. 2 under 1 „ DAY NURSES. 1 with 8 years. 1 „ 4 „ 2 „ 2 „ 1 „ 1½ „ 3 „ 1 year. 12 under 1 „ NIGHT NURSES. 1 with 18 years. 1 „ 14 „ 1 „ 9 „ 1 „ 3 „ 3 „ 1 year. 6 under 1 „	The Matron has charge of the housekeeping and domestic arrangements. It is left to her discretion whether she visits all the wards every day or not. She has 1 month's annual holiday. The Assistant Matron gives general help to the Matron, and has charge of the needlework. She has 3 weeks' annual holiday. The Night Superintendent supervises the Night Nurses. She has 2 weeks' annual holiday.	The Night Superintendent and 13 Nurses are in charge of the patients at night. They are permanently on night duty.	*Nil.*	*Nil.*	*No information is given on this point.*	Nurses have separate bedrooms.	Superannuations are granted, subject to the approval of the Local Government Board, for all Officers, if the Managers so resolve.	*Nil.*

P.—Poor Law Infirmaries and Sick Asylums in the Metropolis.—I. Notes on Nursing —*continued.*

UNION.	Total Number of Beds.	Average Number of occupied Beds in 1890.	Number of Nursing Staff, their Salaries and Allowances. If Convalescent Patients or Paupers are employed as Nurses.	If Hospital Trained.	Hours on Duty.	Hours off Duty and Annual Holidays.	Meal Hours.	Length of Service of Nurses and Probationers.	The Matron and her Assistants, their Duties and Annual Holidays.	Night Nursing.	Ordinary Probationers.	Special Probationers.	The Proportion of Nurses to Patients by Day and by Night.	Sleeping Accommodation.	Pensions.	Training School for Nurses.
ea's	786	589	1 Matron - - - - - £100 a year, board and lodging. 1 „ Assistant - - - £40 „ „ „ 1 Night Superintendent - - £30 „ „ „ 12 Charge Nurses - - - £26 to £30 a year, board, lodging, washing, and uniform. 48 Ward Nurses - - - £20 to £26 „ „ „ „ 3 „ Assistant - - „ „ „ „ Neither convalescent patients nor paupers from the Workhouse are employed to assist to nurse in the wards.	Yes, at Dalmers' Hospital, Edinburgh, and General Infirmary, Doncaster. Yes, 3 years at Guy's. Yes, 18 months at St. Bartholomew's. All trained either in London or provincial hospitals. 1 to 3 years' training. 3 months' training at various Hospitals.	Charge Nurses from 8 a.m. to 9 p.m. Ward and Assistant Nurses. *Hours of going on duty and leaving off are not stated.* Nurses on night duty from 9 p.m. to 9 a.m.	CHARGE NURSES. 3 hours three times one week, 3 hours twice next week, 8 hours once a fortnight, from 12 to 9 p.m. every third Sunday. *Length of annual holiday is not stated.* WARD AND ASSISTANT NURSES on day duty, 3 hours 3 times a week, 1 day a month, from 12 to 9 p.m. every third Sunday. NURSES on night duty 2 hours daily, 4 hours once a week. The Ward and Night Nurses have 2 weeks' annual holiday.	CHARGE NURSES. Breakfast 7.30 a.m. Lunch in Ward Kitchen. Dinner 1.30 p.m. Tea in Ward Kitchen. Supper 9 p.m. NURSES ON DAY DUTY. Breakfast 6.40 a.m. Lunch in Ward Kitchen. Dinner 12.30 or 1 p.m. Tea in Ward Kitchen. Supper 9 p.m. NURSES ON NIGHT DUTY. Breakfast 8.30 p.m. Dinner 9 a.m.	CHARGE NURSES. 1 with 4 years. 1 „ 3 „ 1 „ 1 year. 7 under 1 „ 2 vacancies. NURSES. 3 with 2 years. 18 „ 1 year. 22 under 1 „ 11 vacancies.	The Matron is in charge of the Nursing and Nurses. She acts as Housekeeper, and has control over the female servants. She visits every ward daily. The Assistant Matron presides at Nurses' meals, cuts out and distributes all linen, &c., for Wards and Officers, and clothing for female patients. She generally assists the Matron. She and the Matron have each 3 weeks' annual holiday. The Night Superintendent has general supervision of Night Nurses and nursing at night. She has 2 weeks' annual holiday.	The Night Superintendent and 24 Nurses take charge of the patients at night. The Nurses remain on night duty for 3 months at a time.	*Nil.*	*Nil.*	*No information given on this point.*	All Head Nurses have single bedrooms. The remainder of the staff sleep in single and double bedrooms in 2 blocks apart from the wards.	No regular system, but pensions can be given at the discretion of the Board of Guardians.	*Nil.*
s	388	—	*No information has been received from this Institution.*													
- - - - -	622	622	1 Matron - - - - - £100 a year, board, lodging, and washing. 1 „ Assistant - - - £40 „ „ „ 1 Night Superintendent - - £40, board, lodging, washing, and uniform. 9 Charge Nurses - - - £25 to £30, board, lodging, washing, and uniform. 21 Nurses - - - - - £20 to £26 „ „ „ „ 25 „ Assistant - - - £17 to £20 „ „ „ „ There are Attendants and 2 Assistant Attendants in the Male Lunatic Wards. Assistance is to a certain extent rendered by convalescent patients, although it is not recognised as legitimate.	Not trained as Nurse, but has been Matron 2 years at Blackburn General Infirmary, 3 years at Manchester P.L. Infirmary, and 14 at Lambeth P.L. Infirmary. No. Yes. 7 years at Northampton. All have received training in the Poor Law Infirmary. Have no training before entering the Infirmary.	Charge, Ward, and Assistant Nurses from 6.30 a.m. to 7.30 p.m. Nurses on night duty from 7 p.m. to 7 a.m.	CHARGE AND WARD NURSES. From 7.30 p.m. to 10 p.m. every evening, and from 2 p.m. to 10 p.m. every fortnight. ASSISTANT NURSES. 3 hours daily, and half a day every fortnight. NURSES ON NIGHT DUTY. From 7 a.m. to 12 noon daily. All the Nurses have 14 days' annual holiday.	CHARGE AND WARD NURSES. Breakfast 6.30 a.m. Lunch, 10 a.m. Dinner 12.30 p.m. Tea 5 p.m. Supper 7.30 p.m. ASSISTANT NURSES. Breakfast 6 a.m. Lunch 10 a.m. Dinner 1.15 p.m. Tea 4 p.m. Supper 7.30 p.m. NURSES ON NIGHT DUTY. Breakfast 7 p.m. Ward meals. Dinner 8.30 a.m.	CHARGE NURSES. 1 with 14 years. 1 „ 12 „ 1 „ 9 „ 1 „ 4 „ 1 „ 3 „ 1 „ 1 year. 3 under 1 „ NURSES. 1 with 14 years. 7 „ 1 year. 7 under 1 „ 6 vacancies. ASSISTANT NURSES. 2 under 2 years. 23 „ 1 year.	The Matron has the control of all the Nurses, subject to the approval of the Medical Superintendent. She acts as housekeeper, and supervises the domestic arrangements of the Infirmary. She visits every ward daily. She has an annual holiday of 3 weeks. The Assistant Matron generally assists the Matron, and obeys all her lawful directions. The Night Superintendent supervises the nursing and Nurses during the night. She and the Assistant Matron have 14 days' annual holiday.	The Night Superintendent and the Nurses on night duty take charge of the patients by night. The Nurses are on night duty for 3 months at a time.	The Assistant Nurses can be promoted to be Nurses after 1 year's training. They are placed on night duty only after 1 year's training. They can become Charge Nurses after 2 or 3 years' service.	*Nil.*	The proportion of Nurses to patients is by day 1 to 20, and by night 1 to 30.	As far as practicable a separate bedroom is provided for each Nurse. All have separate beds.	Pensions are given at the discretion of the Guardians, and subject to the approval of the Local Government Board, under Statute 27 and 28 Vic., cap. 42.	*Nil.*
ewis - - - - -	920	562	1 Matron - - - - - £70 a year, board, and lodging. 1 „ Assistant - - - £40 „ „ „ 1 Night Superintendent - - £35 „ „ „ 2 Charge Nurses - - - £24 to £30, board, lodging, washing, and uniform. 24 Nurses - - - - - £20 to £26 „ „ „ „ 22 „ Assistants - - - £16 to £19 „ „ „ „ Neither convalescent patients nor paupers from the Workhouse are employed at any time to assist to nurse in the wards.	*No information given.* Yes. 4½ years at the London Hospital. Trained in the Infirmary. „ „ „ No.	Charge and Day Nurses from 7 a.m. to 7 p.m. Assistant Nurses from 6.30 a.m. to 7 p.m. Night Nurses from 7 p.m. to 7 a.m.	CHARGE AND DAY NURSES. *Hours off duty not given.* ASSISTANT NURSES. *Hours off duty not given.* NIGHT NURSES. 2 nights off every month when numbers permit. Charge, Day, and Night Nurses have 2 weeks' annual holiday. Assistant Nurses have 1 week's holiday after 6 months' service, and 2 weeks after 1 year's service.	CHARGE AND DAY NURSES. Breakfast 6.30 a.m. Lunch, no set time. Dinner 1 p.m. Tea 4 p.m. Supper after 7. ASSISTANT NURSES. Breakfast 7.30 a.m. Lunch, no set time. Dinner 2 p.m. Tea 4.30 p.m. Supper after 7 p.m. NIGHT NURSES. Breakfast 3 a.m. Ward meal 9.30 p.m. Dinner 5.30 p.m.	CHARGE NURSES. 1 with 7 years. 1 „ 4 „ NURSES. 1 with 13 years. 1 „ 8 „ 1 „ 3 „ 2 „ 4 „ 1 „ 2 „ 3 „ 2 „ 5 „ 1 year. 3 under 1 „ ASSISTANT NURSES. 4 under 3 years. 5 „ 2 „ 13 „ 1 year.	The Matron looks after the housekeeping and domestic arrangements of the Infirmary. She has control over the female servants subject to the approval of the Medical Superintendent. The Assistant Matron has general supervision of the wards, Nurses, and scrubbers, under the control of the Medical Superintendent, and, under him, of the Matron. The Night Superintendent takes charge of the Night Nurses, and sees that their duties are properly performed. She visits every ward 4 times nightly, and oftener if necessary. They all have 3 weeks' annual holiday.	The patients at night are nursed by the Night Superintendent and 12 Nurses. The Night Nurses are only transferred to day duty as vacancies occur among the Day Nurses.	The Assistant Nurses are placed on night duty after 1 to 2 years' service according to their proficiency, and become Nurses as vacancies occur on the night staff. They can in time become Charge Nurses.	*Nil.*	The proportion of Nurses to patients is by day 1 to 16, by night 1 to 47.	Nurses of all grades sleep in the Home attached to the Infirmary.	Pensions are granted in accordance with Statute 27 and 28 Vic., cap. 42, and 29 Vic., cap. 31.	Residential home only.
- - - - -	232	*Not given.*	1 Matron - - - - - £70 a year, board and lodging. 1 „ Assistant - - - £30 „ „ „ 1 Night Superintendent - - „ „ „ „ 1 Head Day Nurse - - - £30 to £35 „ „ 19 Ward Nurses - - - £20 to £25 „ „ and uniform. Neither convalescent patients nor paupers from the Workhouse are employed to assist to nurse in the wards.	No. No. No. Experience as Infirmary Nurse for several years. *Not stated.* With various lengths of training at various Institutions.	Head Day Nurse from 6.30 a.m. to 7.30 p.m. Ward Nurses from 7 a.m. to 7.30 p.m.	*No information given as to hours off duty of either Head or Ward Nurses.* They have 2 weeks' annual holiday.	HEAD AND WARD NURSES. Breakfast 6.30 a.m. Dinner 1 p.m. Supper 7.30 p.m.	HEAD DAY NURSES. 1 with 1½ year. WARD NURSES. 1 with 10 years. 1 „ from 6 to 7 years. 1 „ „ 5 to 6 „ 1 „ „ 4 to 5 „ 2 „ „ 3 to 4 „ 3 „ „ 2 to 3 „ 10 about 2 years and under.	The Matron has general supervision as to the cleanliness of the wards, and enforces order and punctuality. She has control over the female servants, and is responsible for the domestic arrangements of the Infirmary. She visits every ward daily. She has 3 weeks' annual holiday. The Assistant Matron has general duties to perform, and helps the Matron in any way she may direct. The Night Superintendent supervises generally the Night Nursing staff. She and the Assistant Matron have 2 weeks' annual holiday.	*The number of Nurses placed on night duty is not stated.* Night Nurses change to day duty after 8 months. They and the Night Superintendent take charge of the patients by night.	*Nil.*	*Nil.*	*No information is given on this point.*	Various arrangements are made.	*Nil.*	*Nil.*
- - - - -	538	382	1 Matron - - - - - £80 a year, board and lodging. 1 „ Assistant - - - £30 „ „ „ and uniform. 1 Night Superintendent - - „ „ „ „ „ 5 Head Nurses - - £27 to £30 28 Nurses - - - £20 to £25 *No information given as to allowances.* 4 „ Assistant - £17 Neither convalescent patients nor paupers from the Workhouse are employed at any time to assist to nurse in the wards.	No. No. Yes, 3 years at the Royal Free Hospital, 2 years at the Poplar Hospital, and 1 year at the Barbados General Hospital. 3 only have been trained at Hospitals. Have had 12 months' training before entering Infirmary.	Head and Assistant Nurses from 6.30 a.m. to 7.30 p.m. Night Nurses from 7.30 p.m. to 6.30 a.m.	*Hours off duty are not given.* All Nurses have 14 days' annual holiday.	HEAD NURSES. Breakfast 7.30 a.m. Dinner 1.30 p.m. Tea 5.30 p.m. *Meal hours for Day, Night, and Assistant Nurses not given.*	HEAD NURSES. 1 with 16 years. 1 „ 13 „ 1 „ 10 „ 2 „ 1 year. NURSES. 2 with 3 years. 15 „ 1 year. 13 under 1 „ The Assistant Nurses have less than 1 year's training.	The Matron acts also as as Housekeeper. She visits every ward daily. She has 3 weeks' annual holiday. The Assistant Matron generally aids the Matron. The Night Superintendent supervises the Nursing staff by night. She and the Assistant Matron have 14 days' annual holiday.	The Night Superintendent and 14 Nurses take charge of the patients by night. The Nurses revert to day duty after 3 months' night service.	The Assistant Nurses can be promoted to Nurses after 1 year's training. They are not placed on night duty, and they cannot become Head Nurses.	*Nil.*	The proportion of patients to Nurses is not given separately for day and night, but is all round 1 to 34.	Head Nurses have separate bedrooms. Nurses sleep 2 in a room.	*Nil.*	*Nil.*
- -	288	190	1 Matron - - - - - £60 a year, board, lodging, and washing. 5 Head Nurses - - - £30 „ „ „ and uniform. 6 Assistant Nurses - - - £18 to £22 a year, board, lodging, washing, and uniform. Convalescent patients are employed to do simple duties, such as dusting, cleaning, and carrying about the wards according to their capacity, and sometimes the male patients are employed in the grounds.	No. 3 have received Hospital training. *Not stated.*	Head and Assistant Nurses from 6.30 a.m. to 7.30 p.m.	*Hours off duty are not given either for Head or Assistant Nurses.* They have 2 weeks' annual holiday.	HEAD NURSES. Breakfast 7.30 to 8 a.m. Dinner 12.30 to 1.15 p.m. Tea 4 to 5 p.m. Supper 9 to 10.30 p.m. ASSISTANT NURSES. Breakfast 8 to 8.30 a.m. Dinner 1.15 to 2 p.m. Tea 4 to 5 p.m. Supper 9 to 10.30 p.m.	HEAD NURSES. 2 with 4 years. 2 „ 3 „ 1 under 1 year. ASSISTANT NURSES. 1 with 7 years. 1 „ 4 „ 2 „ 3 „ 2 „ 2 „ 3 „ 1 year.	The Matron performs the usual duties of her office, and also acts as Housekeeper. She visits every ward daily. She has 3 weeks' annual holiday.	*There is no mention of Nurses placed on night duty.* The night nurses revert to day duty after 3 months.	*Nil.*	*Nil.*	*The proportion of Nurses to patients is not stated.* But there are 1 Head and 1 Assistant Nurse to each large ward and its adjacent small ones by day, and by night there is 1 Nurse to each floor on each side of the building.	There are dormitories accommodating from 4 to 6 in each. No separate cubicles are available nor is the accommodation different from the servants generally.	Pensions are granted at the option of the Guardians.	*Nil.*

P.—Poor Law Infirmaries and Sick Asylums in the Metropolis.—II. Notes on the Medical Staff, Officials and Servants, Wards, Beds, Patients, General and Sanitary Inspection, &c.

UNION.	No. of Patients in 1890.	MEDICAL OFFICERS. Title and No. of, and their Qualifications.	Salaries and Allowances.	Duties of.	Regulations as to Consultants.	OFFICIALS AND SERVANTS. Post held, and No. of.	Salaries or Wages and Allowances.	No. of Wards and Beds in each.	Classification employed.	Distribution of Beds.	General Inspection.	Sanitary Inspection.	Fire Precautions.	Visitors.	Nature of Building.	Instruction.
KENSINGTON	3,027	1 Medical Superintendent, F.R.C.S. Eng., L.R.C.P. Lond., and D.P.H. Camb.	£400, partly furnished house, coals, gas, and washing.	The Medical Superintendent has the general management of the Infirmary. He visits the wards twice daily and also when required; he also has charge of the sick inmates of the Workhouse.	The Medical Superintendent can, if he thinks it necessary, call in a Consultant, who would be paid the reasonable fee by the Guardians. No scale, however, is laid down for such payments.	1 Chaplain 1 Roman Catholic Priest 1 Steward 1 Steward's Clerk 1 Doctor's Clerk 1 Day Gate Porter 1 Dispenser 4 Porters 1 Pantryman 1 Messenger 1 Stoker 1 Needlewoman 1 Receiving-ward Woman 1 Cook 1 Cook's Assistant 2 Kitchenmaids 1 Mess-room Maid 1 Ward Maid 4 Housemaids Scrubbers	£175, no allowances. £60 " " £200, residence, coal, gas, and washing. £85, dinner and tea daily. £46. 16s. " £65, dinner daily, and uniform. £116, dinner daily. £104, board, lodging, washing, uniform, and 1s. 9d. a-week each in lieu of beer. £20 " " " " " " " £52, dinner daily, and uniform. £31. 4s., board, lodging, washing, and uniform. £40 £30 £36 £18 Board, lodging, washing, and uniform, and 1s. 4d. a-week in lieu of beer for females, and 1s. 9d. a-week for males. £30 £14 £14 £56 £564	31, and 2 Maternity Wards, ranging from 42 to 6 beds in each.	No special wards, except Lunatic, Maternity, and Infectious, viz., measles, whooping cough, chicken pox, and ophthalmia.	*No information given on this point.*	These are made at irregular and unstated times by the Local Government Board Inspector, and weekly by the Guardians.	The Medical Superintendent makes a daily inspection, and he is responsible for the sanitary condition of the Infirmary.	A printed copy of a scheme is now before the Local Government Board which has many suggestions for the improvement of the existing precautions, amongst others, that there should be three 10-feet telescope ladders provided; that a water-pressure gauge be provided for each institution; that a tell-tale be provided in the Infirmary for the use of the night watchman; that there be one central telephone fire alarm station, and one central station at the Workhouse, so that combined action might be taken in case of fire by the two Institutions.	On Sundays, from 2 to 4.	Irregularly built; part of it on the pavilion system.	*Nil.*
		1 Assistant Medical Officer, M.R.C.S. Eng., L.R.C.P. Lond.	£120, board, lodging and washing, and 3s. a-week in lieu of beer.	The Assistant Medical Officer visits the wards twice daily, and generally assists the Medical Superintendent.		£1,762										
FULHAM	2,279 admitted.	1 Medical Superintendent, M.R.C.S. and L.S.A.	£400, partially furnished house, coals, gas, washing, and £15 vaccination fees.	The Medical Superintendent has entire control of the Infirmary. He receives reports from the Steward and the Matron. He also has charge of the Workhouse.	*Nil.*	1 Chaplain 1 Roman Catholic Instructor 1 Steward 1 Assistant Steward and Stores Porter 1 Dispenser 6 Porters 1 Cook 2 Kitchenmaids 1 Mess-room Maid 1 Dormitory Maid 2 Housemaids 20 Scrubbers, at 9s. 6d. a week 2 Scrubbers, at 12s. a week 1 Porter, non-resident	£170, no allowances. £52. " " £150, breakfast and dinner. £32, board, lodging, washing, uniform, 1s. 3d. a-week in lieu of beer. £185, dinner and tea. £202. 8s., board and residence. £32 £33 £17 £16 Board, residence, uniform, and £3. 5s. in lieu of beer. £36 £494 £62. 8s. £52, dinner. £1,502. 16s.	28 wards, 32 beds in 12 general wards. The other wards have from 4 to 10 beds in each.	Children have a ward to themselves. There are separate wards for chronic ulcer cases, epileptics and paralytics, acute medical and surgical cases, and venereal cases. There are also separation wards for contagious cases.	*See* Classification.	The Local Government Board Inspector visits several times annually. The Guardians inspect fortnightly.	Inspections are constantly made by a Medical Superintendent and Engineer, also frequently by the Local Government Board Inspectors. The Medical Superintendent is responsible for the sanitary condition of the Infirmary.	There are permanent escape bridges connecting the ends of each block with its fellow. There are also hydrants on each landing, and buckets always filled with water. The engineer in charge of the District Fire Station inspects the apparatus weekly and drills male officers monthly.	Sundays, between 2 p.m. and 4 p.m. Male and female sides alternately.	Built on the pavilion system.	*Nil.*
		1 Assistant Medical Superintendent, M.R.C.S. and M.B.	Board, lodging, washing, servant, and money in lieu of beer.	The Assistant Medical Superintendent takes charge of the patients in the absence of the Medical Superintendent. He dispenses and takes charge of all the drugs, and keeps an account of all the medical stores and appliances committed to his charge.												
PADDINGTON	About 1,200	1 Medical Superintendent, M.D. Lond., M.R.C.S., Eng., M.R.C.P. Lond.	£252.	The Medical Superintendent has the chief administrative control of the Infirmary, and shares the Medical work with his Assistants. He is also in charge of the infirm wards in the Workhouse.	Great objection is made by the Guardians to paying for Consultants. A Consultant has only been called in three times in six years; on those occasions fees of two or three guineas were paid.	1 Chaplain 1 Steward 1 Storekeeper 1 Dispenser 1 " Assistant 4 Porters 1 House Labourer 1 Cook 1 Kitchenmaid 1 Scullerymaid 3 Housemaids 14 Scrubbers	£80, no allowances. £120, dinner and tea. £57. 4s. " " £110 " " £54. 12s., no allowances. £208, dinner, tea, and uniform. £36. 8s. " " £30, " " £16 to £20 Board, lodging, washing, uniform, and beer. £14 to £16 £14 to £16 each 1s. 6d. each per day of five hours. No allowances.	16 wards, 8 with 32 beds in each; 6 with 4 beds in each; and two with 2 beds in each.	Only male and female, and one ward set apart for children.	No distribution. The old and infirm and epileptic are transferred to the sick wards of the workhouse.	Visits are made at regular intervals once or twice a year by the Local Government Board Inspectors, and the Guardians make an inspection once a fortnight.	Inspections are made daily, and specially twice a year by the Medical Superintendent. The Local Government Board inspectors inspect at irregular intervals. The Medical Superintendent is responsible for the sanitary condition of the Infirmary.	There are seven fire mains, hose, and accessories inside the building, and eight do., do., do., outside the building.	Every Sunday from 2 to 4. If a patient is dangerously ill, the friends may visit daily from 9 a.m. to 7 p.m.	Built on the pavilion system.	Two courses of Post-graduate Lectures were given to qualified men, and were well attended, and Lectures were given by Professor J. Harley, F. Treves, Esq., Reginald Harrison, Esq., Dr. Sibley, Dr. Bristowe, Dr. Chaddle, and Dr. [illegible]. As a result it was found—First, that it did not interfere with the discipline of the Infirmary, and the lectures too great a tie on the leaders of the Staff; on the contrary, the lectures acted favourably to the interest they took in their cases. patients not only offered no objection, but expressed their satisfaction at the pains and trouble that were taken to investigate their cases thoroughly.
		1 Assistant Medical Superintendent, M.B., B.S. Lond.	£80, rising to £100.													
		1 Clinical Assistant, M.B. and B.Sc. Lond.	£12. 12s. on completion of six months' satisfactory service. *No information as to allowances.*	The Assistant Medical Superintendent and the Clinical Assistant have the medical work only.												
PADDINGTON: SICK WARDS OF THE WORKHOUSE.	About 1,000	1 Medical Superintendent 1 " Assistant. 1 Clinical Assistant. (These gentlemen are the Medical Officers of the Infirmary).	£148. No allowances. £20. " *Nil.*	Their duties are purely medical in connection with the Workhouse.	*Nil.*	1 Chaplain The remainder of the Workhouse *employés are not given.*	£120, no allowances.	*Not given.*	*Nil.*	Only in the male and female and lying-in cases.	*No information given.*	Weekly by the Guardians, and once or twice a year by the Local Government Board Inspectors.	*No information given.*	*Not given.*	*Not given.*	*Nil.*
CHELSEA	1,676	1 Medical Superintendent, F.R.C.S. Edin., L.R.C.P. Edin., and M.R.C.S. Eng.	£280 Board, lodging, and washing, and £9. 10s. a-year each in lieu of beer.	The Medical Superintendent has entire administrative control of the Infirmary, and the care of the patients therein. He has also medical charge of the Workhouse.	The Medical Superintendent calls in a Consultant if he thinks it necessary, and reports the circumstances to the Guardians. A fee of one guinea per case is paid for the Consultant by the Guardians.	1 Chaplain 1 Steward 1 Steward Clerk 1 Storekeeper 1 Day Porter 1 Scullerymaid 1 Hall Porter 1 Messenger 1 Night Porter 1 Bath Man 1 Porteress 1 Engineer 2 Stokers 1 Cook 2 Kitchenmaids 1 Superintendent Laundrymaid 2 Assistants " 1 Scullerymaid 1 Window Cleaner 2 Housemaids 18 Scrubbers 8 Laundry Women	£100, no allowances. £80, board, lodging, washing, and £3. 10s. in lieu of beer. £65, rations only. £32 10s., board, lodging, washing, and £3. 10s. in lieu of beer. £30, board, lodging, washing, and uniform, and £3. 10s. in lieu of beer. £20. 16s. " no uniform " " £30. " " with uniform " " £13 to £20, board, uniform 2s. 6d. per week for lodging, and £3 10s. in lieu of beer. £65, uniform only. £30, board, lodging, and washing, £3. 10s. in lieu of beer. £20 " " " £109. 4s. to £130, no allowances. " " £76 each. £35 to £40, board, lodging, washing, and uniform, and £3 10s. in lieu of beer. £18 to £22 each board, lodging, washing, and uniform, and £3. 10s. in lieu of beer. £30, board, lodging, washing, and uniform, and £3. 10s. in lieu of beer. £33, " " " " " " £14 to £16, " " " " " £65, no allowances. " " " " £16 to £18 each board, lodging, washing, and uniform, £3. 10s. in lieu of beer, 5 at 2s. per day: 18 at 1s. 6d. per day, no allowances. 2s. 6d. per day, no allowances.	11 wards with 36 beds in each.	*Nil.*	No distribution; there is a children's ward.	Occasionally by the Local Government Board Inspectors, and frequently by the Guardians.	Inspections are made weekly. The Medical Superintendent is responsible for the sanitary condition of the Infirmary.	Stations for fire buckets in wards and other places; hydrants and hose on each floor. Telephonic communication with Fire Station.	First Tuesday and third Sunday in the month.	Built on the pavilion system.	*Nil.*
		1 Assistant Medical Officer, L.R.C.P. Lond., M.R.C.S., Eng., M.D.	£120	The Assistant Medical Officer is in charge of the patients in the Infirmary, committed to his care by the Superintendent.												
ST. GEORGE'S	2,935	1 Medical Superintendent, M.D. Brux., M.R.C.S. Eng., L.R.C.P. Edin.	£500, no allowances.	The Medical Superintendent governs and controls the officers, and attends to the patients with other duties. He is also Medical Officer of the Workhouse.	The Medical Superintendent has the power to call in whatever assistance he considers necessary. The Guardians afterwards determine the fee which is to be paid to the Consultant, the Local Government Board's approval being obtained before the payment is made.	1 Chaplain 1 Roman Catholic Priest 1 Steward 1 Steward Clerk 1 Storekeeper 1 Dispenser 1 Porter 1 " 1 " 1 Cook 2 Kitchenmaids 1 Kitchen Porter 1 Scullerymaid 3 Dormitory Maids Scrubbers. *Number not given.*	£250 and £100 for the Workhouse duty, no allowances. £28 and £78 for the Workhouse duties, no allowances. £120, board and lodging. £60, three meals daily. £52, no allowances. £120, " £72. 15s., lodging and uniform. £43. 4s., uniform only. £78, rations and uniform £25. £3 in lieu of beer £32, " " No mention of other allowances. £31. 4s., " " £14, " " £42, " " 1s. 6d. per day each.	44 wards, 25 with 28 beds in each, and 19 with 4 beds in each.	*Nil.*	Medical, Surgical, and infirm.	About every 3 months by the Local Government Board Inspectors, and weekly by the Guardians.	Inspections are made daily by the Medical Officer, weekly by the Guardians, and quarterly by the Local Government Board. Inspectors, the Medical Officers, and the Local Government Board Inspectors report defects to the Guardians, who are responsible.	Nine iron bridges have been erected, at a cost of about £3,000, to connect all the pavilions one with another. The usual hydrants with hose are provided in various parts of the building and on every floor.	Every Sunday from 2 to 4 p.m., and at other times by special orders.	Built on the pavilion system.	Partially utilised by qualified medical men and students. Medical men who wish to see the different diseases can always see the cases in the Infirmary. Medical Committees have visited the Infirmary to examine all the cases of a particular disease. The Society of Medical Superintendents and the Metropolitan Branch of the British Medical Association hold meetings in the Infirmary, cases are examined and discussed. A young medical man is appointed every half-year (the Clinical Assistant) for the purpose of giving instruction in certain branches of medical and surgical work.
		1 Assistant Medical Officer, M.D. Brux., M.R.C.S. Eng., L.R.C.P. Lond.	£150, board and lodging.	The Assistant Medical Officer helps the Medical Superintendent in his medical duties.												
		1 Clinical Assistant, M.D. Toronto, M.R.C.S. Eng.	£50 " "	The Clinical Assistants gives help to the Medical Officers, and records the cases of the patients.												
CENTRAL LONDON SICK ASYLUM	*Not given.*	1 Medical Superintendent, F.R.C.S. Eng., L.S.A. Lond.	£200, furnished house, coals, and gas.	The Medical Superintendent has control over the management of the Asylum under the Guardians, and has the care of the patients therein.	The Medical Superintendent has in each case to obtain the consent of the Guardians to call in a Consultant. There is no fixed scale of remuneration for Consultants.	1 Chaplain 1 Steward 1 Steward Clerk 1 Stores Porter 1 Gate Porter 1 Night Porter 2 Pool Porters 1 Pool and Mortuary Porter 1 Cook 1 Kitchenmaid 2 Housemaids 8 Scrubbers	£120, no allowances. £80, furnished house, coals, gas, and £52 in lieu of rations. £60, dinner and tea. £52, rations. £65, lodgings, coals, and gas. £41. 12s., supper. £83. 4s., rations, £3. 10s. in lieu of beer. £52, rations, £3. 10s. in lieu of beer. £30 £16 No information as to allowances. £28 1s. 6d. per day	12 wards, 6 with 34 beds, 2 with 17 beds, 1 with 15 beds, 2 with 4 beds, and 1 with 3 beds.	Only as to sexes.	*Nil.*	Inspection is made by the Local Government Board Inspectors two or three times a year. A Visiting Committee of the managers also inspect the Asylum once a fortnight.	Constant inspection is made by the officers on duty. Periodical cleaning of tanks, gullies, &c., together with disinfection. The Medical Officer is responsible for the sanitary condition of the Asylum.	Fire appliances have recently been provided of improved patterns, viz., hydrants and hose on landings, fire-buckets and hand-pumps in each pavilion, and three outside hydrants and hose. Various structural alterations are now in course of consideration.	Sundays from 1 to 3 p.m. and Wednesdays from 2 to 4 p.m.	Irregularly built, having been first built in 1850 and added to in 1874.	*Nil.*
		1 Assistant Medical Officer, F.R.C.S. Eng., L.S.A. Lond.	£100, furnished apartments, coals, gas, rations, and washing.	The Assistant Medical Officer helps the Medical Superintendent in the medical branch of his duties.		£835										

P.—Poor Law Infirmaries and Sick Asylums in the Metropolis.—II. Notes on the Medical Staff, Officials and Servants, Wards, Beds, Patients, General and Sanitary Inspection, &c.—*continued.*

UNION.	No. of Patients in 1890.	MEDICAL OFFICERS. Title and No. of, and their Qualifications.	Salaries and Allowances.	Duties of.	Regulations as to Consultants.	OFFICIALS AND SERVANTS. Post held, and No. of.	Salaries or Wages and Allowances.	No. of Wards and Beds in each.	Classification employed.	Distribution of Beds.	General Inspection.	Sanitary Inspection.	Fire Precautions.	Visitors.	Nature of Building.	Instruction.
BUTLERONE	*Not given.*	1 Medical Superintendent, F.R.C.S. Ed., M.R.C.S., L.R.C.P., Lond., L.S.A., Lond. 1 Assistant Medical Officer, M.B., Cantab, M.R.C.S., Lond. 1 Clinical Assistant, M.B., Edin., C.M.	£500, house, gas, coals and washing. £130, board, lodging, washing. £42, board, lodging, and washing.	The Medical Superintendent has the entire charge of the Infirmary. The Assistant Medical Officer visits patients under the instruction of the Medical Superintendent. The Clinical Assistant assists the Medical Superintendent and takes notes of cases.	The Medical Superintendent calls in a Consultant when necessary, and reports the facts to the Infirmary Committee. The guardians pay a special fee according to circumstances.	1 Chaplain 1 Roman Catholic Priest 1 Steward 1 Steward Clerk 1 Hospital Clerk 1 Dispenser Porters. *Number not given* 1 Cook 1 Cook Assistant 1 Kitchenmaid 1 Scullerymaid 3 Dining-room Maids 2 Dormitory 1 Housemaid Washers Scrubbers	£200, no allowances. £60 " " £200, house, gas, coals, and washing. £65 } No allowances. £52 } £140 } £650, and 8*s.* a week each in lieu of rations. £40 } £21 5*s.* } £32 } £14 } Board, lodging, uniform, and beer, milk, or aerated waters. £50 } £30 } £18 } £42*s* £22*s*	60 wards, 28 beds in each large ward, and 2 in each isolation ward.	Cases are classified according to their disease. The old and infirm cases are equally distributed in the wards.	Medical cases, 248 beds. Surgical, 170. Gynecological, 30. Ophthalmic, 40. Cancer, 20. Syphilis, 30. The few epileptic cases are distributed in the general wards. The remaining beds are occupied by the old, infirm, and bed-ridden cases.	Inspections are made from time to time during the year by the Local Government Board Inspector, and weekly by the Infirmary Committee.	Inspections are made from time to time by the Medical Superintendent, who is responsible for the sanitary condition of the Infirmary.	Five hydrants are fixed on each flat, between each block, and in the main ward other hydrants are distributed in the administrative block. There are fire buckets all over the building. The fireman is on duty all night. The nurses and porters are instructed in the use of the hydrants. There is telephonic communication between the Infirmary and the nearest Fire Station.	Every Sunday from 2 to 4 p.m.; the dangerously ill or dying can be seen by their relations every day from 9 a.m. to 7 p.m., or later if necessary.	Built on the pavilion system.	*Nil.*
HAMPSTEAD	*No information has been sent from this Institution. The Clerk to the Guardians writes that "There is no separate Infirmary established and no Resident Medical Officer."*															
ST. PANCRAS	*Not given.*	1 Medical Superintendent, M.R.C.S. Eng., L.S.A. Lond. 2 Assistant Medical Officers, M.R.C.S. Eng., and L.R.C.P. Lond.	£400, unfurnished house, coals, and gas. £78. 15*s.* each, board, lodging, and washing.	The Medical Superintendent has full control over the Servants and administration of the Infirmary. He takes charge of the medical patients therein. The Assistant Medical Officers take charge of such cases as the Medical Superintendent thinks fit; in every instance subject to the Medical Superintendent's instructions.	The Medical Superintendent is authorised by the Guardians to call in a Consultant in special cases and report the same at the next meeting of the Infirmary Committee. The Guardians pay the Consultant upon the sanction of the Local Government Board. Usual fee, 3 guineas. Major operations, 5 guineas.	1 Chaplain 1 Roman Catholic Priest 1 Steward 1 Office Clerk 1 Storeman 1 Dispenser 1 Dispenser's Boy 4 Porters 1 Cook 2 Kitchenmaids 1 Scullery Man 19 Ward Maids 3 Housemaids Scrubbers are only employed in case of sickness of the Ward Maids, when 2*s.* a day is paid and rations, including beer provided.	£200, no allowances. £40, ditto. £175, luncheon. £65, dinner. £72 16*s.*, rations. £120, dinner. £18, 12*s.*, rations, and £4 in lieu of beer. £166 8*s.*, rations, and £4 in lieu of beer. £40, board, lodging, washing, and uniform. £34 " " " and £4 in lieu of beer. £41 12*s.*, rations, and £4 in lieu of beer. £304, board, lodging, washing, and uniform, and £4 in lieu of beer. £51 " " " " " "	25 wards. 13 with 32 beds 1 " 18 " 1 " 12 " 2 " 11 " 3 " 10 " 4 " 9 " 1 " 7 "	*No information given on this point.*	No wards are set apart for the treatment of medical and surgical cases except venereal, ophthalmia and erysipelas. There are 10 beds for cancer and 20 for syphilis.	About every three months by the Local Government Board Inspectors, and every fortnight by the Guardians.	The Medical Superintendent and the Steward are responsible for the sanitary condition of the Infirmary.	9 hydrants inside and 11 outside are fixed in various parts of the building with the necessary hose, &c. There are also fire buckets, which are always kept full of water, on each floor, and handpumps and 9 Sinclair's fire queens.	Sunday, 2 to 4 p.m., and Wednesday, 1.30 to 4 p.m.	Built on the pavilion system.	*Nil.*
ISLIN	3,646	1 Medical Superintendent, M.B. and M.C. Aberdeen, M.R.C.S. Eng., and L.S.A. Lond. 1 Assistant Medical Officer, M.R.C.S. Eng., and L.R.C.P. Lond.	£300 and fees about £130, furnished residence, coals, and gas. £120, board, lodging, washing, and beer.	The Medical Superintendent attends to the patients, according to their necessities, and controls the administration of the Infirmary. The Assistant Medical Officer assists the Superintendent in his attendance upon the sick, and dispenses medicines. Both officers attend upon inmates of the workhouse requiring medical attention.	No case has arisen in which the Guardians have been asked to give authority for a Consultant.	1 Chaplain The Infirmary is managed, except as regards nursing, in connection with the adjoining Workhouse. Changes are about to be made in these arrangements. The Steward is also master of the Workhouse. The stores in the main are kept in the Workhouse. There are 11 Scullery Maids, 32 Ward Maids, 3 House Maids, 14 Scrubbers, and their offices are performed by paupers.	£135, no allowances.	21 wards: about 40 beds in each main ward, 16 beds in the lying-in ward, 10 beds in the ophthalmic children's ward. There are 6 isolation wards with 64 beds.	There are special wards for lying-in, syphilis, and itch cases. Isolation wards for cancer and cases of incontinence.	There are about 60 beds for bed-ridden patients, 40 for females, and 20 for males, and 11 beds in the wards for syphilis.	Inspections are occasionally made by the Local Government Board Inspectors, and usually weekly by the visiting committee.	The Medical Superintendent is required to report to the Guardians as to the sanitary condition of the Infirmary.	Appliances for attacking a fire are provided, and outside iron staircases are erected for escape. The buildings are also connected by telephone with the fire station, and there are electric alarm bells on each floor.	Visitors are ordinarily allowed from 2 p.m. to 4 p.m. every Sunday and Wednesday. Inmates who are very ill can be visited at any time at the discretion of the Medical Superintendent.	Irregularly built.	*Nil.*
HACKNEY	*No information has been received from this Institution.*															
HOLBORN	*Not given.*	1 Medical Superintendent, M.D. Queen's Univ., M.S., M.R.C.S. Eng., &c., &c. 1 Assistant Medical Superintendent, M.R.C.S. Eng., L.R.C.P. Lond.	£375, lodging and washing. £120, board, lodging, and washing.	The Medical Superintendent attends patients, and performs administrative duties. He lectures to the nurses. The Assistant Medical Officer attends those patients placed under his care by the Medical Superintendent.	*No information is given on this point.*	1 Chaplain 1 Organist 1 Steward 1 " Clerk 1 Dispenser 1 Night Porter 1 Porter 1 Portress 1 Coal Porter 1 " 1 Cook 2 Kitchen Men 1 Engineer 1 " Assistant 1 Stoker 2 Laundresses 1 Laundryman 1 General Man 3 Housemaids (£14 each) 10 Washers 1 Washer 16 Scrubbers 1 Painter	£170, no allowances. £5 " " £120, board, lodging, and washing. £35 " " " £100, no allowances. £70. 4*s.*, no allowances. £35, board, lodging, and washing. £15 " " " £26 " " " £65, no allowances. £39, board, lodging, and washing. £40 " " " } 1 at £26 / 1 at £14 £104, house, coals and gas. £78, no allowances. £25, board, lodging, and washing. £50 " " " } 1 at £30 / 1 at £20 £67. 12*s.*, and 1*s.* 9*d.* a week allowances. £67. 12*s.*, no allowances. £42, board, lodging, and washing. 2*s.* a day, no allowances. 2*s.* 6*d.* a day, no allowances. 2*s.* a day, no allowances. £91, no allowances.	15 wards: some with 60 beds in each, and some with 32 beds in each.	Medical and surgical, acute and chronic, infectious and non-infectious. Syphilis, venereal, isolation wards.	*No information is given on this point.*	The Local Government Board Inspectors visit when they think proper. The Guardians make a fortnightly general inspection.	A sanitary inspection is made daily by the Medical Superintendent, who is responsible for the sanitary condition of the Infirmary. He is an expert in sanitary science, and holds the diploma of Public Health, Royal College, Lond., 1890.	Infirmary Fire Brigade. There are hydrants and buckets on each landing.	Visitors are allowed on Sundays from 2 to 4 p.m., and on the 1st Wednesday in the month from 2 to 4 p.m., and at all times for dangerous cases.	On the pavilion system.	*Nil.*
LONDON	2,342	1 Medical Superintendent, F.R.C.S. Eng., L.S.A. 1 Assistant Medical Officer, M.R.C.S. Eng., and L.R.C.P. Lond.	£350, residence, rations, washing, and beer. £100, residence, rations, washing, and beer.	The Medical Superintendent attends upon the inmates of the Infirmary, gives directions as to their nursing and diet, also as to the ventilation of the wards. He has entire control over all the officers and servants. The Assistant Medical Officer helps the Medical Superintendent.	For urgent cases the Medical Superintendent can call in a Consultant, and report the circumstances to the Guardians at their next meeting, who will, if they approve of his action, pay the Consultant's fee.	1 Chaplain 1 Steward and his wife 1 Steward Clerk 2 Smiths, &c., 1 at 36*s.* a week, 1 at 18*s.* a week 2 Bricklayers, 1 at 36*s.* a week, 1 at 24*s.* a week 1 Painter 1 Carpenter 1 Day Gate-porter 1 Night " " 1 Portress 1 Matron's Storekeeper 1 Organist 2 Gardeners, 1 at 24*s.* a week, 1 at 18*s.* a week 2 Stokers, 1 at 20*s.* a week, 1 at 18*s.* a week 1 Cook 1 Scullery Man 2 Bakers, 1 at 30*s.* a week, 1 at 21*s.* a week 2 General Labourers, 1 at 17*s.* a week, 1 at 16*s.* a week 3 Ward Labourers, at £20 each 1 Laundry Superintendent 12 Laundry Women, 12*l.* each 11 Scrubbers, 12*s.* a week each 10 " 9*s.* "	£300, no allowances. £150, board, lodging, washing, and beer. £90 " " " £140. 8*s.*, board, lodging, washing, £4 in lieu of beer. £156, rations and beer, or £4 in lieu. £91, rations and beer. £91 " " £60 board, lodging, washing, uniform, and beer, or £4 in lieu. £91. 4*s.*, partial board, beer, and uniform. £20, board, lodging, washing, uniform, and beer, or £3 in lieu. £36 " " " " " no uniform. £25, no allowances. £109. 4*s.*, rations and beer. £88. 16*s.* " " £60, board, lodging, and beer, or £4 in lieu. £39. 8*s.*, rations and beer, or £4 in lieu. £143, no allowances. £55. 16*s.*, rations and beer. £60, board, lodging, and uniform, beer, or £4 in lieu. £34 " " " or £3 in lieu. £374. 8*s.*, rations and beer. £343. 4*s.* " " £234, partial rations and beer. Total, £2,701 8*s.*	51 wards: 10 floors, 5 floors for 313 males, 3 floors for 312 females. From 44 to 102 beds on each floor.	Male and female, medical and surgical, and gynecological.	350 medical beds, 150 surgical beds, 10 gynecological beds, 25 ophthalmic beds, 90 epileptic and insane beds, 10 cancer beds, 10 syphilis beds.	The Local Government Board Inspectors pay visits from 4 to 8 times in a year at uncertain intervals. The Guardians inspect generally the whole establishment weekly.	Daily inspections are made by the Medical Officer and the Head Nurse. The former is responsible for the sanitary condition of the Infirmary.	There are hydrants and fire-hose ready for immediate use on each floor and about the building. External iron staircases are in the course of construction.	Visitors are allowed every Wednesday and 1st Sunday in the month, from 2 to 4 p.m. Serious cases may be visited at all reasonable times.	Irregularly built.	*Nil.*

P.—Poor Law Infirmaries and Sick Asylums in the Metropolis.—III. Notes on the Medical Staff, Officials and Servants, Wards, Beds, Patients, General and Sanitary Inspection, &c.

UNION.	Number of Patients in 1890.	MEDICAL OFFICERS. Their Titles, Number, and Qualifications.	Salaries and Allowances.	Duties of.	Regulations as to Consultants.	OFFICIALS AND SERVANTS. Post held and Number of.	Salaries or Wages and Allowances.	Number of Wards and Beds in each.	Classification employed.	Distribution of Beds.	General Inspection.	Sanitary Inspection.	Fire Precautions.	Visitors.	Nature of Building.	In
SHOREDITCH	*Not given.*	1 Medical Superintendent, L.R.C.P. Edin., L.R.C.S. Eng. 1 Assistant Medical Superintendent, M.R.C.S. Eng., L.S.A. 1 Clinical Assistant, M.D., C.M., Glasgow	£300 a year, board, lodging, washing, and £6 in lieu of beer. £120 a year, rising to £150, board, lodging, and washing. £40 a year, board, lodging, and washing.	The Medical Superintendent and his Assistant are responsible for the medical treatment of the inmates of the Infirmary. The Superintendent governs and controls the general administration. The Clinical Assistant acts under the Medical Superintendent, and keeps records of cases. All three Medical Officers attend to the inmates of the Workhouse, which adjoins the Infirmary.	Special surgical cases have been sent for operation to St. Bartholomew's Hospital.	1 Chaplain 1 Roman Catholic Priest 1 Steward 1 „ Clerk 1 Infirmary Messenger 1 Store Keeper 1 Dispenser 2 Gate Porters 1 Night „ 2 General „ 3 „ „ 1 Children's Attendant 1 Cook 1 „ Assistant 1 Scullery Man 3 House Maids 1 Laundress 20 Scrubbers 4 Painters and Whitewashers 1 Stoker 1 Washer 2 Ironers Total	£125, and £75 for duties at the Workhouse. £15, and £10 „ „ £80, board, lodging, and washing. £52, dinner and tea daily. £13, rations. £52. 8s., rations. £165; duties include out-door dispensing. £62, board, lodging, washing, and uniform. £52. 8s., uniform. £93. 12s. „ and rations. £117, rations. £35, dinner. £67. 12s., rations. £46. 16s. „ £39 „ £36, board, lodging, washing, and uniform. £25 „ „ „ „ £468, lunch. £286, no allowances. £78, beer. £39 „ £93. 12s., beer. £2,061. 8s.	38 Wards with from 2 to 22 beds in each.	1st, Males and Females. 2nd, Medical and Surgical. Special diseases are placed as far as possible in special Wards.	*Not given.*	Inspections are made at irregular times by the Local Government Board Inspectors, and weekly by the Guardians.	No special inspection is made. The Steward under the Medical Superintendent is responsible for the sanitary condition of the Infirmary.	There are bridges from block to block. Each floor has means of exit. There are fire mains. A night porter patrols the building at night; he is checked by a tell-tale clock.	Are allowed on Tuesday in each week to male and female patients alternately from 2 to 4 p.m. Serious and extreme cases may be visited at any reasonable time.	Irregularly built.	
BETHNAL GREEN	No separate Infirmary.	*No information has been received as to the Sick Wards of the Workhouse.*														
WHITECHAPEL	5,028	1 Medical Superintendent, M.R.C.S. Eng., L.S.A. Lond. 1 Assistant Medical Superintendent, L.R.C.P. Lond., M.R.C.S. Eng. 1 Clinical Assistant, L.R.C.P. Edin., L.R.C.S. Edin.	£400, unfurnished house, coals, and gas. £150, furnished apartments, coals, gas, and washing. £60, board, lodging, and washing.	The Medical Superintendent and Assistant Medical Officer each take charge of a section of the Infirmary, the whole, "as well as the general administration," being under the supervision and control of the former. The Clinical Assistant is chiefly engaged in clinical work. The Medical Superintendent is Medical Officer of the Workhouse, in respect of which office he receives a salary of £40.	*Nil.* Cases requiring the skill of specialists are usually transferred to the London Hospital under an existing contract.	1 Chaplain 1 Steward 1 „ Clerk 1 Pantry Woman 1 Dispenser 1 „ Assistant 4 House Labourers 1 Cook 1 Kitchen Maid 4 House Maids 36 Scrubbers and Washers 1 Day Gate Porter 1 Night „ 1 Receiving Ward Attendant 1 Laundry Superintendent 1 „ „ Assistant 1 Engineer 1 „ Assistant 1 Stoker 1 Mortuary Attendant Total	£190, and £60 in respect to the Workhouse duty. £90, dinner daily, and £30 in lieu of residential allowances. £70, 4s., dinner daily. £18, board, lodging, and £1 per quarter in lieu of beer. £150, no allowances. { These are not Infirmary Officers, but Dispensers of the Dispensary. Some nine-tenths of the dispensing is for the Infirmary. £70. „ „ „ „ £197. 12s., no allowances. £28, board, lodging, washing, £1 a quarter in lieu of beer. £12 „ „ „ „ „ £52 „ „ „ „ „ £936, dinner. £30 to £35, board, lodging, washing, and uniform, and £1 per quarter in lieu of beer. £59. 16s., night rations, and uniform. £20, board, lodging, and washing, and £1 per quarter in lieu of beer. £25 to £30, board, lodging, and washing. £26, rations, and 10s. a quarter in lieu of beer. £104, dinner daily. £40, board, lodging, and washing, £1 per quarter in lieu of beer. £46. 16s., no allowances. £46. 16s., rations, and uniform. £2,212. 4s.	50 Wards with an average of 12 beds in each.	Medical. Surgical. Children. Midwifery. Ophthalmic. Old and Infirm. Insane.	337 Medical beds. 149 Surgical „ 7 Ophthalmic beds. 8 Children's „ 17 Midwifery „ 44 Old and Infirm beds. 28 Insane beds.	The Local Government Board Inspectors make some 3 or 4 visits a year, and the Guardians make weekly inspections.	No inspection is made by a public sanitary authority. The Medical Superintendent is primarily responsible to the Guardians for the sanitary condition of the Infirmary.	Electric fire-alarms on every floor, communicating with Gate Porter's Office, and thence with every male officer's rooms. Stand-pipes and hydrants on every floor. Fire screens and hand pumps in certain central positions. Fire buckets in corridors filled. Locks on all doors into passages capable of being opened by breaking glass; and carefully constructed external exit staircase.	Ordinary visits to male patients first Wednesday in the month from 2 to 4, and to female patients second Wednesday from 2 to 4. Cases of serious illness are entered on a special list kept by the Porter, and visitors are admitted at any time from 7 a.m. to 7 p.m. Visitors are also permitted upon special application to the Medical Superintendent.	Irregularly built	
ST. GEORGE-IN-THE-EAST	*Not given.*	1 Medical Superintendent, B.A., M.B., Cantab., M.R.C.S. and L.R.C.P. 1 Assistant Medical Superintendent, M.R.C.S., L.R.C.P., and L.S.A.	£300, unfurnished house, coals, and gas. £140, board, lodging, washing, and 2s. 6d. a week beer money.	The Medical Superintendent has entire charge of the administration of the Infirmary, and medical care of the inmates. He is also Medical Officer of the Workhouse. The Assistant Superintendent takes charge of those patients entrusted to him by the Medical Superintendent.	In very urgent cases the Medical Superintendent is allowed to call in a Consultant, who is paid a fee of 3 guineas by the Guardians, provided it be not an "operation" case, when no fee is allowed.	1 Chaplain 1 Roman Catholic Priest 1 Steward 1 „ Clerk 1 Dispenser Porters (*Numbers not given.*) 1 Cook 2 Kitchen Porters 2 House Maids 24 Scrubbers Total	£115, no allowances. £40 „ £120, board, and 2s. 6d. a week beer money. £25, board, lodging, and washing, and 1s. 6d. a week beer money. £60, partial board, and 1s. 6d. a week beer money. £245. Some have board, lodging, washing, and uniform, and 1s. 6d. a week beer money; others only board, and have 1s. 6d. a week beer money. £35, board, lodging, washing, uniform, and 1s. 6d. a week beer money. £40, board, lodging, washing, and 1s. 6d. a week beer money. £27, board, lodging, washing, uniform, and 3l. 10s. a year beer money. £562, lunch, and 3d. a week beer money. £1,269.	12 Wards. 1 with 78 beds. 1 „ 66 „ 1 „ 56 „ 1 „ 49 „ 1 „ 48 „ 1 „ 37 „ 1 „ 30 „ 1 „ 22 „ 1 „ 10 „ 3 „ 7 „	*Not given.*	70 beds, old, infirm, and epileptic. 18 Syphilis.	General inspections are occasionally made by the Local Government Board Inspectors.	Medical Superintendent makes daily inspections, and he is responsible for the sanitary condition of the Infirmary.	Fire buckets on each flat. All communication doors fitted with glass covered lock handles. 3 fire hydrants with hose.	Sunday from 2 to 4 p.m.	Irregularly built.	
MILE END OLD TOWN	1,512	1 Medical Superintendent, M.D. Durh., M.R.C.S. Eng. 1 Assistant Medical Superintendent, M.D., C.M., Aberdeen.	£300, furnished residence, coals, and gas. £120, board, lodging, and washing, and 2d. a day in lieu of beer.	The Medical Superintendent controls the administration generally, and treats or supervises the treatment of all inmates. He is Medical Officer of the Workhouse and School. The Assistant Medical Officer has charge of a portion of inmates for medical treatment.	The Medical Superintendent has been instructed to apply to the Guardians for permission to call in a Consultant. When he has called one in in cases of emergency the fee has always been paid after reference to the Local Government Board. There is no scale of fees laid down.	1 Chaplain 1 Steward 1 Dispenser 2 Porters 2 Cooks (1 Male, 1 Female) 2 Scullery Maids 2 House „ 16 Scrubbers Total	£100, no allowances. £80, and £20 in lieu of rations and lodging. £110, no allowances. £60, board, lodging, washing, and uniform, and 2d. a day each in lieu of beer. £50 „ „ „ „ £36. 10., board, lodging, washing, and uniform. „ „ „ „ £13, board, lodging, washing, and 2d. a day in lieu of beer. £201, luncheon. £670. 10s.	18 Wards. 30 beds in the large Wards, and 2 in the Isolation Wards.	The paralytic and bedridden cases are generally placed on the lowest floor. The middle floor for acute cases of phthisis, &c. The upper floor for infirm cases not requiring much treatment.	No distribution.	A rapid inspection is made by the Local Government Board Inspector. The Guardians make a detailed inspection once a month.	The Medical Superintendent makes constant inspections, and he is responsible to the Guardians for the sanitary condition of the Infirmary.	Buckets are generally distributed, and kept filled. Stand-pipes and hose on every floor in central positions; also portable hand pump.	On Sunday from 3 to 4 p.m.	On the pavilion system.	
POPLAR AND STEPNEY SICK ASYLUM.	3,158	1 Medical Superintendent, M.D. Durh., L.R.C.P. 1 Assistant Medical Superintendent, M.R.C.S. and L.S.A.	£450, rations, and residence. £150. *Allowances not stated.*	The Medical Superintendent has the general charge of the Asylum. The Assistant Medical Officer has medical care of those patients confided to him by the Medical Superintendent.	The Medical Superintendent can call in a Consultant with the approval of the Managers, who pay the fee.	1 Chaplain 1 Roman Catholic Priest 1 Steward 1 „ Clerk 1 Dispenser 3 Porters 1 Cook 2 Kitchen Maids 1 „ Porter Scullery Maids House „ Scrubbers Laundry Helpers (*Numbers not given.*) Total	£200, no allowances. £30 „ £120, rations, and £40 in lieu of lodgings. £60, dinner daily. £130, tea „ £165; 1 is resident. £30, board and lodging. £21, 10s., board and lodging. £52, rations only. £41. 12s., no allowances. £70, board and lodging. £71, 10s., no allowances. £504, no allowances. £1,515. 12s.	22 Wards. 18 with 32 beds in each. 4 „ 10 „ „	Chronic and acute cases.	382 beds for Chronic cases. 194 beds for Acute cases. 10 beds for Isolation.	General inspections are made at uncertain times by the Local Government Board Inspectors, and fortnightly by the Managers.	The Medical Superintendent inspects the drainage, &c.; he is responsible for the sanitary condition of the Asylum.	There are fire escapes, bridges, and hydrants.	Visitors can call on the female patients on Sundays from 3.30 to 5 p.m., and on the male patients on Thursdays from 2 to 4 p.m.	On the pavilion system.	

Brought from the Lords, 17 June 1892.

THIRD REPORT.

Metropolitan Hospitals, &c.

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